



Re-enrollment forms, financial aid applications\*, and deposits due by **January 31, 2020**. A late fee of \$250 per student will be assessed by February 1.  
\*will accept 2018 taxes if 2019 not available

## Enrollment Form

Student's legal name \_\_\_\_\_  
First Middle Last Preferred Name

Student resides with \_\_\_\_\_ Grade entering \_\_\_\_\_

Please indicate the **Public School District** in which the student lives: \_\_\_\_\_

Transportation information - circle one:

Akron Bus     Copley/Fairlawn Bus (PM ONLY)     Canton Van     Stow Van     Carpool

Please choose one Focus of Study for your child:

Hebrew Language     Spanish Language

### Updated Family Information

Contact information may be shared on campus for programming purposes

Parent/Guardian A

\_\_\_\_\_  
Title First Middle Initial Last

Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Step Parent/Partner A

\_\_\_\_\_  
Title First Middle Initial Last

Email \_\_\_\_\_

Parent/Guardian B

\_\_\_\_\_  
Title First Middle Initial Last

Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Step Parent/Partner B

\_\_\_\_\_  
Title First Middle Initial Last

Email \_\_\_\_\_

## Family Declaration of Sole Custody 2020-21 (if applicable)

Student Name \_\_\_\_\_

Is this child in ONE parent's SOLE CUSTODY? If yes, state: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Updated Grandparents Information

Please complete the information below so that we may keep grandparents informed of school activities and events; they will receive periodic updates, newsletters, and invitations to school functions.

#### Grandparent(s) A

Title First Middle Initial Last

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Please include us in weekly emails

#### Grandparent(s) B

Title First Middle Initial Last

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Please include us in weekly emails

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### Releases/Consents

- Yes, include our family in the school roster which **will only** be distributed to The Lippman School families.  
(Roster will include students' names, grades, parents' names, address, home phone & emails)
- No, do not include our family in the school roster given to The Lippman School families.

### Field Trip Consent Form 2020-21

The Lippman School staff plans off-campus learning trips each year. In order for your children to participate, the school must have a record of consent. **This form will serve as your consent for non-overnight field trips;** however, families will be notified of each field trip. The all-inclusive day field trip fee included in the tuition covers these costs; overnight and extended field trips will have a separate consent form and fee.

I/We hereby grant permission for my/our child(ren) \_\_\_\_\_, to accompany The Lippman School on day field trips during the 2021-21 school year. I/We understand we will be notified of individual field trips.

### Media Release Form 2020-21

The Lippman School would like to include your child/children in photograph and video opportunities that occur throughout the school year. Selected photos and videos may be used in a variety of media, including but not limited to, newspapers, magazines, broadcast media, The Lippman School website, Facebook, brochures, pamphlets, and fliers.

- I **do** give permission to The Lippman School to include my child/children in photographs and videos for recruitment and promotional purposes. I understand these images are used in a variety of media.
- I **do** give permission the The Lippman School to include my child's name with the photos/videos.
- I **do NOT** give permission to The Lippman School to use photographs and videos of my child/children for external promotional, marketing, and other such purposes.

Student(s) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Plan must be in place by May 1, 2020

Re-enrollment is not valid without deposit, signed Re-enrollment Agreement & completed Re-enrollment Form



## 2020-2021 ENROLLMENT AGREEMENT

(Please complete one form per family)

FAMILY \_\_\_\_\_ STUDENT(S) \_\_\_\_\_

The Lippman School agrees to re-enroll the above student(s) for the 2020-21 school year and to provide the program and educational services as prescribed for his/her grade. In consideration of the acceptance of this Re-enrollment Agreement (the "Contract") by The Lippman School the undersigned agrees to pay the required fees as specified below:

**A. Reservation Deposit. Due January 31, 2020. Deposits are non-refundable and will be applied to the fees.**

Choose one option (payable to *The Lippman School* by cash, check or credit card):

- \$250 per family
- \$125 per family if applying for Financial Aid

**B. Tuition and fees\* per student for 2020-2021 school year:**

<b>TUITION K-8.....\$ 10,860</b>	<b>PLUS</b>	<b>FEES:</b> Day Field Trip Fee	\$ 70 (Overnight trips not included)	
		Supply Fee	\$ 190	
		Lunch Fee	\$ 840	
		Technology Fee	\$ 285	
		Cultural Experiences	\$ 115	
		Yearbook Fee	\$ 40	
		<u>Winter Bash</u>	<u>\$ 45</u>	
			\$1,585	<b>*K-8 TOTAL: \$12,445</b>
<b>TRANS KDG.....\$ 6,726</b>	<b>PLUS</b>	<b>FEES:</b> Same as above	\$1,585	<b>*TK TOTAL: \$ 8,311</b>

\*Fees are applicable to all students and are not subject to financial aid, scholarship or J-Ticket pricing.

**C. LATE FEE: A \$250 per student late fee will be assessed to families for Re-enrollment forms received after January 31, 2020**

**D. Enroll in Payment Plan at <https://online.factsmgt.com/signin/3X5RD> by May 1, 2020.**

**E. Payment Plans will initiate on August 1, 2020.**

**Non-refundable Tuition Clause – Both parents/guardians must initial**

\_\_\_\_\_ (Initial here) I/We understand that my obligation to pay tuition and fees for the full academic year is unconditional and that after **May 1, 2020** no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal or dismissal from the school of the above student without the approval of a written appeal by TLS administration. However, Re-enrollment, as specified within this Contract, may be cancelled by the parents or guardians in writing, without penalty (except forfeit of the Reservation Deposit) prior to **May 1, 2020**.

**Accounts Receivable Policy – Both parents must initial**

\_\_\_\_\_ (Initial here) I/We have read, understand, and agree to The Lippman School Accounts Receivable Policy (enclosed).

**My/Our signature(s) below affirms that I/We have read, understand and accept the terms and conditions of this Contract and that I/We agree to abide by the rules and regulations of the School as stated in the current handbook.**

**Signature of Parents or Guardians Financially Responsible for the student – both parents/guardians must sign. Only one account shall be maintained for each student, per accounts receivable policy.**

1. \_\_\_\_\_ **Date:** \_\_\_\_\_

2. \_\_\_\_\_ **Date:** \_\_\_\_\_

**In order to ensure placement for your child, this Re-enrollment Agreement, Re-enrollment Form and your Reservation Deposit must be received by The Lippman School no later than Jan 31, 2020.** Please sign and return to the School. The contract will then be countersigned and a copy returned to you, along with a Payment Plan for 2020-21. This Agreement shall be interpreted in accordance with the laws of the State of Ohio.

For School Use Only:

Date Received: \_\_\_\_\_ by: \_\_\_\_\_, The Lippman School

**Payment Plan must be in place by May 1, 2020**

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## HEALTH RECORD

CHILD'S NAME \_\_\_\_\_ CHILD'S BIRTHDATE \_\_\_\_\_

- **CURRENT IMMUNIZATION AND TEST RECORDS ARE DUE ON OR BEFORE THE FIRST DAY OF SCHOOL**

### PERMISSION FOR HEALTH SCREENING

I give permission for the above named student to be screened by a school nurse or other professional for hearing, vision, and scoliosis, as is required by state or federal regulations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL HISTORY	Yes	No	Please indicate the date(s) if your child had any of these illnesses:	Yes	No
1. Has your child had a history of serious illness?			<input type="radio"/> Whooping Cough		
<input type="radio"/> Asthma			<input type="radio"/> Rheumatic Fever		
▪ If YES, is that illness present now?			<input type="radio"/> Scarlet fever		
<input type="radio"/> Chicken Pox			<input type="radio"/> Reactive TB test of TB Contact		
<input type="radio"/> Measles			Other		
<input type="radio"/> Mumps					
2. Has the doctor released your child?					
3. Does your child have a physical handicap?			If YES, explain		
4. Is your child restricted from everyday activities in any way?			If YES, explain		
5. Has your child had any surgeries or procedures?			If YES, explain		
6. Please list any food or other allergies:					
Physician's Name:				Phone:	
Medications your child takes ( <i>medications to be given at school need a physician's authorization form sent to the school</i> ):					
Are there any other medical conditions about which the school should be aware?					

The following section is optional and for statistical purposes only.

#### Ethnic & Religious Background

- |  |   |  |
|--|---|--|
| <input type="radio"/> Asian American                       | <input type="radio"/> Latino/Hispanic                     | <input type="radio"/> Native American              |
| <input type="radio"/> African American/Black               | <input type="radio"/> Middle Eastern American             | <input type="radio"/> Pacific Islander             |
| <input type="radio"/> Caucasian                            | <input type="radio"/> Multi-racial (please specify) _____ | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> International (please specify) _____ |   |  |

Religious Preference \_\_\_\_\_ Citizenship \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

***The Lippman School welcomes students of any race, nationality, religion, or ethnic origin***

**LIPPMAN SCHOOL EMERGENCY MEDICAL AUTHORIZATION 2020-2021**  
**PART I OR PART II MUST BE COMPLETED FOR EACH STUDENT**

**CHILD'S NAME** \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

**THE LIPPMAN SCHOOL EMERGENCY MEDICAL AUTHORIZATION 2020-2021**  
**PART I – CONSENT TO PROVIDE TREATMENT**

In the event reasonable attempts to contact me \_\_\_\_\_ at \_\_\_\_\_,  
(Parent/Guardian) (Home Phone)  
\_\_\_\_\_, \_\_\_\_\_ or \_\_\_\_\_ at \_\_\_\_\_,  
(Work Phone) (Cell Phone) (Other Parent/Guardian) (Home Phone) (Work Phone)

, \_\_\_\_\_, have been unsuccessful, I hereby give my consent for the administration of any treatment  
(Cell Phone)

deemed necessary by Dr. \_\_\_\_\_ at \_\_\_\_\_, or  
(Preferred Physician) (Phone)

Dr. \_\_\_\_\_ at \_\_\_\_\_, or in the event the designated  
(Preferred Dentist) (Phone)

preferred practitioner is not available, by another licensed physician or dentist: and the transfer of the child

to \_\_\_\_\_ or any hospital reasonably accessible.  
(Preferred Hospital)

**Alternate contact to be notified if parents cannot be reached in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THE LIPPMAN SCHOOL EMERGENCY MEDICAL AUTHORIZATION 2020-2021**  
**PART II – REFUSAL TO CONSENT - DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to do the following:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## ENROLLMENT CHECKLIST

Please return on or before January 31, 2020

Family Name \_\_\_\_\_

- Completed Re-enrollment Agreement, initialed and signed, with Reservation Deposit
  - \$250 per family, Non-refundable, applied to fee structure
  - \$125 per family if applying for financial aid, Non-refundable, applied to fee structure
- I'd like to contribute \$ \_\_\_\_\_ to another student's education.

*Cash, check, or credit card for payment*

**The Lippman School**

**Credit Card Authorization Form:**

Name (as it appears on card) \_\_\_\_\_

- American Express     Visa     MasterCard     Discover

Amount Charged \_\_\_\_\_

Explanation of charge \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_/\_\_/\_\_    CID \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

- Completed Enrollment Forms...including updated info, releases/consents, health, medical

**Financial Aid Applications:** The majority of financial aid will be granted in the first round of applications, due on or before January 31, 2020. We will accept 2018 tax returns if 2019 is not completed yet.

- FACTS Grant & Aid Assessment online application.....www.factstuitionaid.com
- JCBA Scholarship Application.....Return to the The Lippman School using family ID #

**Enroll in FACTS payments plan at: <https://online.factsmgt.com/signin/3X5RD> by May 1, 2020**

## **ACCOUNTS RECEIVABLE POLICY**

**Please save for your records**

1. The Lippman School shall maintain only one account for each student.
2. All accounts must be paid-in-full or committed to a monthly payment plan via credit card or EFT payments.
  - a. All bank charges associated with denied credit card or EFT payments shall be the responsibility of the account holder.
  - b. In the second instance of such denial a \$100 fee will be charged to the account holder in addition to all bank charges.
  - c. More than two such denials each year shall cause the entire tuition balance to become due immediately.
3. A 2.5% late fee shall be applied to all accounts with an outstanding balance at the end of each 30-day period.
4. Between the 31<sup>st</sup> and 45<sup>th</sup> day, each account shall receive communication from the Office letting the family know that they are over 30 days past due.
5. On the 61<sup>st</sup> day, a letter shall be sent from the Office Manager indicating that the family's account is over 60 days in arrears and requesting that payment terms be set up by calling the Office. Final determination of acceptable repayment terms will be made by the Finance Committee. The letter shall also indicate that if payment terms are not set up in the next two weeks, their child(ren) risk suspension from school.
6. On the 75<sup>th</sup> day, a letter from the Finance Committee shall be sent indicating that we have turned the account over for collection and that, if we do not hear back within two weeks, the collection agency shall take action on their account. The family shall also be advised that their child(ren) has/have been suspended, effective immediately.
  - a. In order for the child(ren) to return to school, all past due balances shall need to be satisfied and the instruments to pay for future services must be provided.
7. On the 91<sup>st</sup> day, the collection agency shall take action on the account.

Families that are in arrears shall not be offered re-enrollment for their children until all past due balances are satisfied and the instruments to pay for future services provided.

Furthermore, The Lippman School and the Shaw JCC of Akron shall communicate regularly and share information such that:

1. The Lippman School families that have an outstanding balance at the conclusion of the school year shall not be admitted into the Summer Camp or ECE program.
2. Shaw JCC families that are in arrears shall not be admitted into The Lippman School.

Approved by the Board of Trustees  
3 April 2008

Amended by the Finance Committee  
31 March 2009

