



# Student Enrollment Agreement

Empowered Solutions

4001 N Classen Suite 100

Amy Davis

[adavis@empoweredsolution.org](mailto:adavis@empoweredsolution.org)

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**Student Name:**

**Parent/Guardian Name:**

**Parent/Guardian Phone Number:**

**Parent/Guardian Email:**

## Enrollment Terms and Conditions

### Tuition Fees

- The annual tuition fee is \$15,000.
- Payment options: Please select one
  - Full payment of \$15,000.
  - Monthly payments of \$1,250 over 12 months.

### Payment Schedule

- Payments are due on the 1st of each month and are considered late by the 5th.
- Late payments will incur a fee of \$50. Failure to pay by the 10th will result in suspension of services if II
- Payments can be made via direct deposit, check or credit card. Please indicate your choice so that we can have you set up and ready to go.
  - Direct deposit
  - Check
  - Credit card

### Attendance Policies

- Students are allowed a maximum of 10 absences per year. This keeps them at the minimum number of required school days for the state of Oklahoma.
- All absences need to be reported to Mrs. Davis by 8:00 AM on the day of the absence.
- Contact Mrs. Davis at [adavis@empoweredsolution.org](mailto:adavis@empoweredsolution.org) or 209-872-4788 to report an absence.

### **Rules and Regulations**

- Students must adhere to the school's code of conduct.
  - Any form of bullying or harassment will not be tolerated.
  - Students need to arrive by 8:30 am and be picked up at 3:00 pm. If students are late to school they will need to make up any missed work for homework. If students are not picked up by 3:15, an additional after-school cost of \$20 will be applied.
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### **Agreement**

By signing this agreement, the student and the parent/guardian agree to abide by the terms and conditions outlined above. Failure to comply with these terms may result in disciplinary action, up to and including dismissal from the school.

**Student Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

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### **School Representative**

**School Representative Name: Amy Davis**

**Signature:**

**Date:**

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