

Headlands Preparatory School

formerly known as

Tilden Preparatory School Marin

Individualized Learning • Academic Mastery • Personal Growth • Civic Engagement

1050 Bridgeway
Sausalito, CA 94965
415-944-2254

www.TildenPrep.com - new website coming soon

Registration Form 2020-2021

Welcome to **Headlands Preparatory School**, formerly known as Tilden Preparatory School Marin. As we transition to Headlands Prep, we will continue to use all tildenprep.com email addresses. The new website and email contacts will be launched in **August 2020**.

Today's Date : _____ Full Time Part Time Tutoring Only

Student Information

First Name : _____ Middle Initial: _____ Last Name : _____

Sex : Male Female Student's Birthdate : _____

Gender Identification (optional) : _____ Nickname : _____

Student's Birth City : _____ State : _____ Country : _____

Student's Email : _____ Student's Cell Phone : (____) _____

Name of Current / Previous School : _____

Current Grade Level : _____ Expected Year of HS Graduation : _____

Concurrent Enrollment Students: **Permission from the primary school if needed?** Yes No

Parent/Guardian Information

Name (first & last) : _____

Address : _____

City : _____ Zip Code : _____

Home Phone : (____) _____

Work Phone : (____) _____

Cell Phone : (____) _____

Employment : _____

Job Title : _____

Additional Parent/Guardian Information

Name (first & last) : _____

Address : _____

City : _____ Zip Code : _____

Home Phone : (____) _____

Work Phone : (____) _____

Cell Phone : (____) _____

Employment : _____

Job Title : _____

Would you like us to schedule a substitute if your student's teacher is absent? Yes No

We take photos of students and clubs and events for use in promotional materials such as our website, newsletter, and other print and digital media. **Do you authorize Headlands Prep to use your student's photo for promotional use?** Yes No

Who referred you to us? _____

Please list the subject(s) that your student plans to student at Headlands Prep and the days/times available :

Subject(s) : _____

All Day(s) and Times Available : _____

Please provide any additional information about your student's learning needs, suggestions for your student's instructor, or other special circumstances. If your student has a documented learning difference, a 504 plan, or an IEP, please provide this information and a copy of any IEP, 504, or neuropsych report.

Parent Consent Form – 2020-2021

We are happy that you have chosen to enroll your student at Headlands Preparatory School for the 2020-2021 school year. Please download and review our “Parent and Student Handbook ” and “Policies and Fees” from tildenprep.com. Below are key aspects and expectations of our program. **Please initial each point below:**

_____ I understand that **Headlands Prep is a mastery learning program** and the teacher will work with my student until they reach an 80% or higher level of mastery of the subject matter. If the pace is slowing down because of difficulty with this level of mastery, and if a mastery level of 70% (C) is acceptable to all concerned, Headlands Prep will make this accommodation by written agreement.

_____ I understand that mastery learning means **my student’s course may take more or less time than the estimated number of sessions** per semester noted in the Parent and Student Handbook (35-40 sessions for most courses, 40-45 sessions for honors, and 45-55 sessions for AP courses). Completion rates vary based upon homework completion, attendance and timeliness, maintaining focus in class, prerequisite subject knowledge, and/or learning challenges that affect acquisition of course material. I understand that a repeated course may take less time than a new course, but this is dependent upon how much mastery was achieved and retained in the original course as well as the factors noted above.

_____ I understand that **there is a \$500.00 non-refundable Registration Deposit for full-time students and a \$200.00 non-refundable Registration Deposit for part-time and tutoring students due with registration forms.** This deposit will be applied toward tuition and fees when the student begins their course(s). Registration forms will be processed and students will be scheduled only after the registration deposit has been received. For students registering after fall session begins, scheduling may take up to one week after all registration materials are received.

_____ I understand that **tuition is paid four weeks in advance** (based on the student’s schedule) for all classes **and that an additional four-week Schedule Deposit is required once the schedule is confirmed.** I understand that if my student is enrolled full-time, I will receive an email when my register reaches \$1,000.00. Whether my student is enrolled full-time, part-time, or for tutoring only, I understand that I will receive an email when my register reaches \$500.00 and again when it reaches \$250.00. I understand that once my register reaches \$0, I have until 5:00 p.m. to make a payment and that **if I do not make a payment by 5:00 p.m., my student’s class(es) will be put on hold until I am able to do so.** I understand that if this occurs, Headlands Prep cannot guarantee that my student will have the same teachers or time slots once the classes are reactivated.

_____ I understand that **it is my responsibility to log onto the Parent Portal to view my student’s progress reports** to see how they are doing in their course(s). Please refer to the Parent Student Handbook for instructions on accessing the progress reporting system.

_____ I understand that **if my student will be absent, I must notify my student’s teacher(s) and school administration by email before the scheduled start of class.**

_____ I understand that **if I need to discontinue courses or withdraw from my reserved schedule, I need to provide four weeks’ written notice by email to the Head of School. I understand that I am responsible for four weeks (20 school days) of payment** at the full class rate; should I choose to discontinue my class, my **Schedule Deposit** will be forfeit.

_____ I understand that emails and/or phone calls to teachers beyond occasional, brief questions **will be billed at the regular hourly rate.**

_____ I understand that if my student’s teacher is absent, **Headlands Prep will make every effort to arrange for a substitute teacher unless I designate my preference for no substitutes on this form.** If a substitute teacher is assigned and my student will be absent, I understand that I need to email the substitute and administration before the start of class.

_____ I understand that **in the event of an emergency school closure**, at the discretion of school administration, **classes will be conducted remotely** when possible via our distance learning platform. In the event of an emergency school closure, when distance learning is implemented, all usual policies and fees apply.

_____ I understand that **Headlands Prep has a policy on academic integrity** and that if my student is found to have violated this policy, they will be subject to appropriate consequences as determined by the instructor and Head of School.

_____ I am aware that **Headlands Prep will create a course schedule for my student based upon the information I provide.** If my student will be attending Headlands Prep full-time, I understand and accept that it is my responsibility to provide Headlands Prep with the most up-to-date official transcript, which will be subject to review by the registrar. I agree to carefully review the course schedule that is provided for my approval before my student begins coursework.

_____ I understand that if my student will be attending Headlands Prep full-time, **immunization records must be provided before my student may attend class.**

_____ I understand that by signing this and other Headlands Preparatory School enrollment forms, **I acknowledge that I am responsible for knowing and understanding this information.**

I have read and fully understand the Headlands Prep Parent Consent Form.

Parent Name: _____

Parent Signature: _____ **Date:** _____

Handbook Acknowledgment

Parent Acknowledgment

I have reviewed the current Parent and Student Handbook for Headlands Preparatory School (available at tildenprep.com under Admissions, then Registration Forms) and I agree to follow the rules outlined therein.

Parent Name: _____

Parent Signature: _____ **Date:** _____

Student Acknowledgment

I have read the 2020-2021 Parent and Student Handbook and agree to abide by the stated rules.

Student Name: _____

Student Signature: _____ **Date:** _____

Policies & Fees Acknowledgment

I have reviewed the 2020-2021 Policies and Fees document (available at tildenprep.com under Admissions, then Registration Forms) and I agree to follow the policies described therein.

Parent Signature: _____ **Date:** _____

Emergency Evacuation Waiver

In the event of an evacuation, select ‘Yes’ if your child can leave campus independently or select ‘No’ if they are only allowed to leave campus with an authorized adult.

Yes, in the event of an evacuation, my child has permission to leave campus independently

No, in the event of an evacuation, my child is only authorized to leave with the following individuals:

Please list persons allowed to sign student out of school along with relationship and phone number.

Name

Relationship to Student

Phone Number

1. _____

2. _____

3. _____

4. _____

Transcript Release

I hereby authorize Headlands Preparatory School to release my/my child's transcripts to designated schools or institutions upon my written request. I have read and agree to abide by Headlands Preparatory School's Transcript Policy. Permission to release transcripts is for the 2018-2019 school year.

- There is no fee for requesting a transcript. Enrollment fees cover the costs of issuing official transcripts.
- We require parents to approve their student's transcript (in person or by email) before we mail it.
- We require two business days for processing transcripts.
- For college applications, parents must provide stamped, addressed envelopes, as well as a list of institutions to which the envelopes are addressed.
- Official transcripts are mailed directly from Headlands Preparatory School to middle or high schools.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____
(If over 18)

Off-Campus Permission

Occasionally teachers will take students off campus during class time for a class activity, demonstration, learning experience, etc. These off-campus excursions do not last longer than scheduled class time in order to ensure students are on campus for their next class, break, pick up, etc.

I hereby authorize my student's Headlands Preparatory School teacher to take my student off campus.

I do not authorize my student's Headlands Preparatory School teacher to take my student off campus.

Parent Signature _____ Date: _____

Transportation Acknowledgment

Stopping to drop off or pick up a student in the school parking lot is strictly prohibited; all student drop offs or pick ups must be off campus. Parent or student parking in the school parking lot is also strictly prohibited; permitted, metered, and free parking are all available within two blocks of campus.

My student will be driving to school. Below is the vehicle information for my student:

Make

Model

License Plate Number

HEADLANDS PREPARATORY SCHOOL STUDENT EMERGENCY INFORMATION

Please fill out completely and sign where indicated. In a major emergency, it is school policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home.

FIRST NAME		LAST NAME		M.I.
BIRTH DATE	GENDER IDENTIFICATION			

PARENT'S / LEGAL GUARDIAN'S FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT	LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS		CITY	ZIP
CONTACT NUMBERS		Indicate which phone to call for each message type:*	
HOME	CELL	WORK	EMAIL ADDRESS:
EMERGENCY		<input type="checkbox"/> Home	<input type="checkbox"/> Cell
		<input type="checkbox"/> Work	

PARENT'S / LEGAL GUARDIAN'S FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT	LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS -- IF DIFFERENT		CITY	ZIP CODE
CONTACT NUMBERS		Indicate which phone to call for each message type:*	
HOME	CELL	WORK	EMAIL ADDRESS:
EMERGENCY		<input type="checkbox"/> Home	<input type="checkbox"/> Cell
		<input type="checkbox"/> Work	
GENERAL INFO			

In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, as parent/legal guardian of _____, a minor, hereby authorizes the Head of School or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to Headlands Preparatory School ("Headlands Prep") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until revoked in writing and delivered to Headlands Prep. I understand that Headlands Prep and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/legal guardian.

HEALTH ALERTS: List any medical conditions that may restrict physical activity or require special attention. *Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".*

MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:	
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:	
MY CHILD MAY TAKE THE FOLLOWING MEDICATIONS:	IBUPROFEN <input type="checkbox"/> ACETOMETAPHEN <input type="checkbox"/> ASPIRIN <input type="checkbox"/>

DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) YES NO

HEALTH INSURANCE NAME	GROUP NO.	NAME OF DOCTOR / MEDICAL OFFICE	DOCTOR PHONE
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I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

NAME (PRINT):	SIGNATURE:	DATE:
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WE REQUIRE IMMUNIZATION RECORDS FOR ALL FULL-TIME STUDENTS