



K-8 APPLICATION FOR NEW STUDENTS 2020-2021 Academic Year

Check List – Please complete and submit the following forms:

- ☐ Student Information
- ☐ Parent/Guardian Contact Information
- ☐ Emergency Treatment Consent Form
- ☐ Student Drop off and Pick Up Information
- ☐ Health and Medical Insurance Information
- ☐ Media Release and Excursion Permission Form
- ☐ Enrollment Contract
- ☐ Financial Responsibility / Late Payment Form
- ☐ Liability Agreement
- ☐ Parent/Guardian Participation and Parent Handbook Form
- ☐ Student Records Release Form
- ☐ Physical Examination Report from a Physician
- ☐ Student's Health Record Form (to be completed by a Physician)
- ☐ Students must have a Tuberculosis (TB) clearance
- ☐ Immunization Records (to be provided by a Physician) or Request for Immunization Exemption form

****(MIDDLE SCHOOL STUDENTS ONLY GRADE 6-8)****

- ☐ 1 Academic Reference letter sent directly to Roots Office – office@rootsmaui.org

All documents must be signed by both parents/guardians of the student when both parents/guardians have joint and/or legal physical custody, regardless of marital status.

All required paperwork for the 2020-2021 school year must be completed and submitted to Roots School no later than February 28, 2020.

Submission of an application form does not guarantee acceptance to Roots School. Once your completed application and non-refundable \$100 deposit is received, we will contact you to schedule a school tour.

Please mail the completed application to: Roots School, PO BOX 975, Haiku, HI 96708-0975, along with the non-refundable \$100 deposit.

For Roots School Office Use Only:

STUDENT'S NAME: _____

Date Forms Received: _____

☐ Check # _____ ☐ PayPal ☐ Other

Amount \$ _____

Received By: _____

Tuition Payment Plan Selected:

☐ Annual ☐ Semi-Annual ☐ Monthly

Entering Grade: _____

Status: _____



STUDENT INFORMATION

Entering Grade: _____

Date: _____

Child's Legal Name _____

Child's Date of Birth _____

Child lives primarily with (name) _____

Child's Primary Residence address _____

Mailing address, if different from above _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____

Parent/Guardian #2 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____

Parent/Guardian #3 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____

Parent/Guardian #4 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____



Roots School
740 Haiku Road / PO BOX 975
Haiku, HI 96708

808-250-7988
office@rootsmaui.org
www.rootsmaui.org

EMERGENCY TREATMENT CONSENT FORM

Please refer to the parent handbook for details.

Child's Legal Name _____

Primary Residence Address _____

_____ Home Phone _____

Parent/Guardian to Contact in Emergency

Name _____

Call Phone #1 _____ Call Phone #2 _____

Email _____

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Emergency Contact **(if parent/guardian is unavailable)**

Name _____

Relationship to Child _____

Call Phone #1 _____ Call Phone #2 _____

Address _____



Roots School
740 Haiku Road / PO BOX 975
Haiku, HI 96708

808-250-7988
office@rootsmaui.org
www.rootsmaui.org

Please answer the following questions:

1. Why do you think your family is a good fit for Roots School?

2. What is the long-term vision for your child's education?

3. How does your child best learn (i.e. hands on, one-on-one, with groups)?

4. How did you hear about Roots School?

5. Do you have any concerns about your child?

Middle School Students ONLY please have 1 academic reference emailed **DIRECTLY** to the office at - office@rootsmaui.org *



Roots School
740 Haiku Road / PO BOX 975
Haiku, HI 96708

808-250-7988
office@rootsmaui.org
www.rootsmaui.org

STUDENT DROP OFF and PICK UP INFORMATION

Please list who is authorized to bring your child to school, and pick up your child from school?
(Any changes must be made in writing)

First and Last Name _____

Relationship to child _____ Phone _____

First and Last Name _____

Relationship to child _____ Phone _____

First and Last Name _____

Relationship to child _____ Phone _____

First and Last Name _____

Relationship to child _____ Phone _____

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



HEALTH and MEDICAL INSURANCE INFORMATION

Special Medical Issues (include anything we should be aware of): _____

Allergies: _____

History of asthma? Yes / No

History of seizures or other loss of consciousness? Yes / No

History of heart problems? Yes / No

If you answered "yes" to any of the above, please explain in detail the nature of their condition, including date of last occurrence and frequency of asthma attacks and/or seizures.

May be given as necessary: Ibuprofen? Yes / No

Tylenol? Yes / No

Any specific activities your child is not able to participate in? _____

Medical Insurance Carrier _____

Member ID Number _____ Group Number _____

Insured's Name _____

I hereby give my consent in advance to Roots School and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that Roots School will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I specifically release Roots School from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



MEDIA RELEASE PERMISSION

As the parent/guardian of (print legal name of child) _____ ,

I understand if I grant permission for certain types of media, my child's image, voice and/or work may be displayed and/or used in Roots School publications developed by Roots School teachers and/or staff members.

Please initial inside the box to grant or deny permission for the each of following:

Media Release Permission For	I Grant Permission	I Do Not Grant Permission
Photographs of your child		
Videos of your child		
Audio recordings of your child		
Appear on Roots School Facebook Page		
Appear on Roots School Website		
Appear on Roots School Printed Brochures		

EXCURSION PERMISSION

☐ I grant permission to Roots School to take my child on outings in the community.

☐ I do not grant permission to Roots School to take my child on outings in the community.

By signing below, I/we affirm that all of the information on this page is correct:

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



K-8 ENROLLMENT CONTRACT FOR THE 2020-2021 ACADEMIC YEAR

In order to guarantee a space for your child in the upcoming academic school year, all paperwork must be completed and submitted to Roots School no later than **February 28, 2020** and all families must be signed up for **FACTS** no later than **March 9, 2020**.

Roots School requires all families to use FACTS, an online management system to process tuition and fee payments. FACTS is free for families who select the "One Tuition Payment" option.

Sign up for **FACTS** at: <https://online.factsmtg.com>

ANNUAL TUITION AND FEES \$8,850 + \$250 Field Trip Fee

Please indicate the payment plan selected by initialing next to it and signing the agreement on next page.

_____ **One Tuition Payment****

Due by April 1, 2020 \$8,700 Tuition Prepayment #1 (\$8450 + one-time, non-refundable field trip fee of \$250)

_____ **Two Tuition Payments*****

Due by April 1, 2020 \$4,575 Tuition Prepayment #1 (\$4325 + one-time, non-refundable field trip fee of \$250)

Due by June 1, 2020 \$4,325.00 Tuition Prepayment #2

_____ **Twelve Monthly Tuition Payments***

Due by April 1, 2020 \$987.50 Tuition prepayment #1 (\$737.50 + one-time, non-refundable field trip fee of \$250)

Due by May 1, 2020 \$737.50 Tuition prepayment #2

Due by June 1, 2020 \$737.50 Tuition prepayment #3

Due by July 1, 2020 \$737.50 Tuition prepayment #4

Due by August 1, 2020 \$737.50 Tuition prepayment #5

Due by September 1, 2020 \$737.50 Tuition prepayment #6

Due by October 1, 2020 \$737.50 Tuition prepayment #7

Due by November 1, 2020 \$737.50 Tuition prepayment #8

Due by December 1, 2021 \$737.50 Tuition prepayment #9

Due by January 1, 2021 \$737.50 Tuition prepayment #10

Due by February 1, 2021 \$737.50 Tuition prepayment #11

Due by March 1, 2021 \$737.50 Tuition prepayment #12

* Please note that the monthly installment schedule does not correspond to the service received that month. The installment schedule is merely a convenient way to meet your total financial obligation.

** Reflects \$400 discount for one tuition payment

*** Reflects \$200 discount for two tuition payments

Students are enrolled for the FULL ACADEMIC YEAR, and no adjustments in tuition can be made by the Roots School for absences, vacations, withdrawal, and/or dismissal. Enrollment is not based on specific teachers. All tuition and fees paid are non-refundable, including any prepayments. If tuition assistance is cancelled for any reason, Roots School must be notified in writing immediately.

Enrollment Policy: Enrollment may be cancelled by the parents/guardians in writing, without penalty (except forfeiture of the Non-Refundable prepayments) prior to June 1, 2020.

If enrollment is cancelled on or after June 1, 2020, parents/guardians financially responsible for the student(s) are still obligated to pay the **full annual tuition and fees**. No portion of tuition paid or outstanding will be refunded or cancelled in the event of absence, vacations, withdrawal, and/or dismissal from the school of the above student.



Communication: Parents/Guardians agree to inform Roots School of any major incident or situation that may impact my child's ability to focus or perform at school, and agree to work closely with the school and his/her teachers to ensure my child's safety and success, and the safety of other Roots School students, teachers and administrators.

Late Payment Fees and Return Payment Fees: A late fee of \$20 will be assessed for any payment not received within 9 (nine) days of the due date. Tuition and fees are considered past due 30 (thirty) days after the billing date. In addition to the late fee, an interest rate of 1.5% per month may be applied to delinquent accounts until the overdue amount is paid. Additional fees may be charged by FACTS for returned payments. Parents/guardians who have difficulty making timely payments must contact the Roots School office to arrange a satisfactory payment arrangement. Failure to comply with an accepted alternate payment plan shall require immediate dismissal of the child from Roots School. Hardship requests for alternate payment plans shall be approved or denied by the Board of Directors. When such arrangements have not been made, an account in arrears for more than 45 days will be sent to a collection's agency or attorney. Parents/guardians must pay all collection fees, attorney fees, and any other costs associated with collecting any outstanding amounts.

Withdrawal Policy: Withdrawal from Roots School prior to the end of the academic year has an impact on the students socially and on Roots School operationally. When a family commits to Roots School, they are making a full year commitment and tuition is due and owing at the beginning of the year, regardless of any staff or teacher changes.

Families that intend to withdraw from Roots School must notify Roots School at least thirty (30) days prior to withdrawal in writing by Certified U.S. Mail or in-person. If a request to withdraw is cancelled, the student will be allowed to continue at Roots School provided that the space has not already been filled by someone on the waiting list. If the student is re-enrolled, a \$50 administrative fee will be due and owing.

Dismissal Policy: If the unfortunate circumstance arises in which Roots School determines that the student may not remain enrolled at Roots School and should be dismissed; all tuition shall be forgiven in ratio to the remaining days of school, except in those instances in which the separation is due to a violation of these policies by the parents/guardians. All fees paid are non-refundable.

By signing the Roots School Enrollment Contract for the 2020/2021 academic year, I/we accept all of the terms and conditions outlined in this Enrollment Contract and the Parent Handbook.

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



Roots School
740 Haiku Road / PO BOX 975
Haiku, HI 96708

808-250-7988
office@rootsmaui.org
www.rootsmaui.org

FINANCIAL RESPONSIBILITY/LATE PAYMENT

Name of Parent/Guardian responsible for full payment of tuition and fees as defined in the current Parent Handbook:

(Print name) _____

Home Phone _____ Cell Phone _____

Email _____

Mailing Address _____

Parent/Guardian Date of Birth _____ Social Security # _____

Relationship to Student _____

If requesting a sibling discount for this student, please write the name of oldest full-time paying student:

(print older sibling's name) _____



LIABILITY AGREEMENT between Roots School and the legal Parent(s) / Guardian(s) of

(print name of student) _____

DEFINITIONS:

“Roots School” means teachers, employees, representatives, property, and any place or location where lessons or activities may take place.

“Parents/Guardians” means one or more legal guardians or persons otherwise responsible for making decisions on the student’s behalf.

“Family & Guests” means Parents their children, siblings, and any children or adults who are their guests or otherwise the reason they are present on the Roots School property.

ROOTS SCHOOL PREMISES:

Safety is always a significant concern and children are not put in dangerous situations, however Parents/Guardians acknowledge that accidents can happen when children are playing or learning around natural conditions. Parents/Guardians hereby acknowledge that Roots School is located on a rural property. It is acknowledged by all parties that this is not a public school; many modern ideas as to what may be considered expected safety restraints, practices, equipment, warning signs, etc. in a public or school setting may not be present, and are specifically not desired to be present by Parents/Guardians. Parents/Guardians expect and desire that there will be regularly occurring activities in alignment with the rural nature of Maui, such as animal handling, tree climbing, hiking, swimming, working with garden tools, and any and all activities in alignment with the rural nature of the area.

With full knowledge of the above facts and warnings, Parents/Guardians accept and assume all risks and responsibility involved in or related to any and all activities engaged in by their Family & Guests while on the Roots School property or in the care of Roots School staff.

HOLD HARMLESS:

Roots School does not assume any liability for loss, damage or injury to Family & Guests, persons or their personal property. Parents/Guardians acknowledge that the property is located in a rural community and Roots School has a natural experiential focus, and as such, while all reasonable safety measures for children are always taken, services provided to children are without warranty, guarantee or liability beyond those mandated for the protection of all children under the laws of the State of Hawaii and the United States of America.

INDEMNITY:

The undersigned, for himself/herself, his/her children, family & guests, heirs, assignors, executors, and administrators, fully releases and discharges Roots School from any and all claims, demands and causes of action by reason of any injury or whatever nature which has or have occurred, or may occur to the undersigned, or any of his/her children or family & guests as a results of, or in any connections with, Roots School including the use of the premises, property, structures, play equipment, off-property activities, and any and all other Roots School related property or activity, and agrees to hold Roots School and Roots School teachers, staff, volunteers, representatives, and Board, free and harmless of any claim or suit arising therefrom.

JURISDICTION:

Any action concerning the rights, duties or liabilities of the parties to this agreement will be decided within the State of Hawaii, County of Maui, and the parties stipulate and agree that all disputes between or arising out of this Agreement must first be submitted to confidential mediation in the County of Maui, State of Hawaii, in accordance with the Rules, Procedures, and Protocols for Mediation of Disputes of Dispute Prevention & Resolution, Inc. (based in Honolulu, Hawaii), then in effect. The mediators’ fees and expenses are to be shared equally between the parties.

LIABILITY AGREEMENT ACKNOWLEDGMENT: Parents/Guardians acknowledge they have reviewed and understand the terms of the liability agreement and agree to be bound thereby.

Name of Parent/Legal Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Legal Guardian #2 (print) _____

Signature _____ Date _____



PARENT/GUARDIAN PARTICIPATION FORM

All families are required to participate in Roots School work activities. Because of the diversity in family and students, parent hours are based on the number of parents/guardians active in the student(s)' lives. Irrespective of the number of children in a family, each parent/guardian is required to work 12 hours for the academic school year regardless of the total number of children in that family enrolled at Roots School.

Each family is also required to participate in the annual fundraiser.

My signature below indicates that I understand that as a Roots School parent, each parent in my family is responsible for a total of 12 parent hours per parent at Roots School. If I am not able to fulfill those hours with time, I may donate \$25 for each of the 12 hours. While any adult member of my family may participate, I am taking full responsibility for the fulfillment of hours:

PARENT HANDBOOK ACKNOWLEDGEMENT

I/we, the undersigned acknowledge that I/we have read all of the above, and also agree to abide by the policies outlined in the current Roots School Parent Handbook which is available on the Roots School website.

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



CONSENT FOR RELEASE OF STUDENT RECORDS

Student's Legal Name: _____

Student's Date of Birth: _____

Current/Previous School Name: _____

Current/Previous School Address: _____

Current/Previous School Phone: _____ Current/Previous School Fax: _____

Current/Previous School Email: _____

For the student/applicant named above, I authorize the release of all school records to Roots School.

Documents to include:

- Transcripts for at least the past two years
- All aptitude and achievement testing (e.g. TCAP, ERB, CogAT, or other)
- Most recent grades for the current year
- Attendance records
- Additional psycho-educational testing (WISC, DAS, or IEP, as appropriate)
- Disciplinary record

Please contact Roots School at 1-808-250-7988, or by email at office@rootsmaui.org with any questions.

Name of Parent/Guardian (print) _____

Mailing Address _____

Phone _____ Email _____

Signature _____ Date _____



Roots School
740 Haiku Road / PO BOX 975
Haiku, HI 96708

808-250-7988
office@rootsmaui.org
www.rootsmaui.org

Department of Education
STUDENT'S HEALTH RECORD

Student Address Label

Name (Last) (First) (Middle Initial)

Female ☐ Preschool: ☐ Entry Date ☐
Male ☐ Elementary: ☐ Entry Date ☐

Birthdate Month Day Year

Intermediate/Middle: ☐ Entry Date ☐
High: ☐ Entry Date ☐

Parent's Name (Mother/Guardian)

(Father/Guardian)

Allergies: ☐

Please complete the following sections (CHECK IF YES)

MEDICAL STATUS

Allergy (type)	<input type="checkbox"/>	Cancer/Leukemia	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Vision Problem	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Chronic Cough/Wheezing	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	JFA Arthritis	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>		
Behavioral Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Rheumatic Heart	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>		

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision	Hearing	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) See Results Below	Provider's Signature	Provider's Stamp or Printed Name	
/ /						R. L. R. L.																				
/ /																										
/ /																										

TUBERCULOSIS EXAMINATION			
MANTOUX TEST (INTRADERMAL)			
Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic
/ /	/ /		
/ /	/ /		
/ /	/ /		

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)			
DTaP, DT, DT, Tdap or Td	Type	Date	
Polio (IPV or OPV)	Type <td>Date<td></td></td>	Date <td></td>	
Hib (Haemophilus influenzae type b)	Type <td>Date<td></td></td>	Date <td></td>	
Pneumococcal Conjugate	Type <td>Date<td></td></td>	Date <td></td>	
Hepatitis B	Type <td>Date<td></td></td>	Date <td></td>	
MMR	Date	/ /	
Hepatitis A	Date	/ /	
Other	Type <td>Date</td> <td></td>	Date	
Other	Type <td>Date</td> <td></td>	Date	
Other	Type <td>Date</td> <td></td>	Date	

*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic

740 Haiku Road / PO BOX 975
Haiku, HI 96708

office@rootsmaui.org
www.rootsmaui.org

Health History Comments: Include Referrals and Reports. Recommendation for significant findings.

[illegible]

STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, Rev. 4/10, RS 10-1369 (Rev. of RS 09-1051)