COLEGIO HÉCTOR URDANETA

P.O. Box 427, Ceiba, PR 00735-0427
Tel. (787) 885-6330 | Cel. (787) 909-1554
colegio.urdaneta@chu.education | www.urdanetapr.com

SCHOOL YEAR ADMISSION CONTRACT 2023-2024

Student Name: _____ Grade: _____

1) I understand that as a parent or guardian, admission fees are non-refundable, regardless of the circumstances. _____initial

($650.00 admission fee, additional $50.00 per new student and **$150.00 construction fee)**

2) I understand that by enrolling my child in this institution I accepted a ten-month contract and will be charged accordingly:

A) Pre-Pre through 12th grade **$280.00**

B) After School Child Care Program **$100.00** (read and sign the additional contract for this service).

C) Graduation fee for kindergarten, sixth, ninth grade students **$200.00** and twelfth grade **$250.00.** (**This fee is due in December 1 2023**).

3) I have been offered three (3) payment plans, from which I choose:

____ Monthly ____ Per Semester (2% off) ____ Annually (5% off) *
***Discounts, apply only to cash or check payments.**

4) I understand that all tuition must be paid in full. This is binding and includes acts of nature or any other event that may occur during the school year.

5) All monthly payments are due on the 1st of each month, starting August 1. I understand that, if payment is made after the 16th, I will be charged a $20.00 surcharge. An additional $10.00 will be charged if payment is received after the last day of the current month. Any check returned by the bank will have an additional $25.00 processing fee.

6) If the student's account is past due for 60 days or more, the school has the right to suspend the student. If the bill is referred to an attorney for collection, I agree to pay all legal expenses.

7) If I removed the student from school, I understand that any material brought to class, such as crayons, markers; The paper, etc., will not be returned as it is for collective use.

8) I understand that the student's grades and file will be held if there is an outstanding balance.

9) On the last Friday of each month, no classes will be held. This day will be used to train teaching staff or any other related work. This day can be exchanged with prior notice.

10) This institution will receive the following payments:

A) Personal check (the Institution reserves the right to refuse any check that has been previously returned due to lack of funds)

B) Credit cards: VISA or Master Card.
C) Manager's Check
D) Postal turn
E) Cash

11) I agree that I am responsible for any damage caused to school property, structure, or equipment, and I am also responsible for any physical or verbal assault on any faculty, non-teaching staff, or fellow students by my child.

12) I understand that my child has to follow the Rules and Regulations established by the school. If my child violates any of them, I agree to disciplinary action and that the school reserves the right to expel any student for failure to comply with established rules and regulations.

13) As a responsible parent and for the safety of the entire student community, I am committed to following all guidelines implemented by support staff on the road and sidewalks that give access to the school in order to avoid vehicular obstruction.

14) We will be working "drive-thru" system, the student must be ready in all aspects to be able to be delivered to the school in a safe and smooth way. At the stipulated departure time (not before) it is recommended that the parent or guardian call the student via phone to be prepared and picked up at the time of arrival at the gate. Obstructing the flow of vehicles is extremely forbidden at any time.

15) Students who withdraw after 3:30pm and are not enrolled in the Extended Care program after school departure time will be charged a fee of $15.00, regardless of person. This fee will be applied for each day that occurs.

	Entrance	**Exit**
PK y Kinder	7:30 am	2:00 pm
1ro y 2do	7:45 am	2:45 pm
3ro a 6to	8:00 am	3:00 pm
7mo a 9no	7:30 am	2:30 pm
10mo a 11mo	7:15 am	2:15 pm
12mo	7:15 am	12:00 pm

16) This Institution will not be responsible for students who leave the school premises with or without any authorization or circumstance.

17) I agree to provide my child at the beginning of the school year with the necessary books and materials for the class.

18) I understand that this school reserves the right of admission for any student with learning disabilities or who needs a Special Education Program. The institution does not provide this service.

I am responsible for reading the school's regulations and acting accordingly. You will find school regulations on our website: **www.urdanetapr.com**

19) I _____, Parent or guardian I agree that I have read this Agreement and by signing hereunder, I agree to all of the terms and conditions set forth below.

_____ _____

Authorized signature of parent or guardian Authorized signature C.H.U.

_____ _____

Account Number Date

Additional information:

Phone: _____ **Cellphone**: _____

Physical Address: _____

_____

Postal Address: _____

_____

Email: _____

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Account Number: _____

APPLICATION FOR ADMISSION

1) Student Information

_____, _____, _____, _____,
Paternal Surname Maternal Surname Name Middle Name

Social Security: XXX - XX - _____ Gender: _____ Date of Birth: _____ /____ /_____
Month Day Year

Grades Taken at That School: _____

School Name: _____ Telephone: _____

2) Family Information

Mother: _____ Telephone: _____

Work: _____ Telephone: _____ Ext. _____

Driver License Number: _____

Father: _____ Telephone: _____

Work: _____ Telephone: _____ Ext. _____

Driver License Number: _____

Postal Address: _____

City: _____ Country: _____ Zip Code: _____

Physical Address: _____

_____

City: _____ Country: _____ Zip Code: _____

E-mail: _____

3) Grade Requested

_____ Pre-Pre-Kindergarten _____ Pre-Kindergarten _____ Kindergarten

_____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th

_____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th

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AUTHORIZATION IN CASE OF MEDICAL EMERGENCY

Student's Name _____ Grade _____

Soc. Sec. XXX - XX - _____ Phone: _____

Name of Father _____ Phone: _____

Work Phone: _____

Name of Mother _____ Phone: _____

Work Phone: _____

INFORMATION IN CASE OF EMERGENCY

Relative or person in charge in case parents cannot be notified:

Name: _____ Relationship: _____ Tel. _____

Name: _____ Relationship: _____ Tel. _____

Preferred Physician: _____ Phone: _____

Preferred Physician: _____ Phone: _____

MEDICAL HISTORY

Illnesses or surgeries of the student, in the past year:

Diseases: _____ Month and Year: _____

Surgeries: _____ Month and Year: _____

Current medical treatment: _____

Medicines: _____

Physical Disabilities: _____ Allergic to: _____

Other medical conditions: _____

FAMILY MEDICAL HISTORY

Mother / Father: _____

Brothers / Sisters: _____

Please mark with one (x), if any of these conditions apply to the student:

___ Menstrual Disorder	___ Diabetes	___ Hernias	___ Asthma	___ Nephritis
___ Infantile Paralysis	___ Tonsillitis	___ Varicella	___ Dizziness	___ Infections
___ Blood Pressure	___ Tuberculosis	___ Mumps	___ Bones	___ ETS
___ "Scarlet Fever"	___ Pneumonia	___ Migraines	___ Liver	___ Others:
___ Hypoglycemia	___ Allergies	___ Epilepsy	___ Heart	

We give our consent for the supervisor, teacher, or other member of the team to use their best judgment, ensuring medical welfare and /or ambulance service, in case the parent or guardian cannot be located.
_____ Yes or _____ No.

Signature _____ Date: _____

HEALTH INSURANCE

Insurer: _____ # Policy: _____

EMERGENCY TREATMENT

** To allow parents and students authorization to provide emergency treatment to those children who become injured or become ill while under the authority of the School, when the parents or guardians cannot be located. Please sign only one of the following:

1. To grant consent: in the event of having made several attempts to contact me at the above-mentioned telephones, without results, I hereby consent to:
(a) That any necessary treatment is provided by any of the doctors or dentist.
(b) If the licensed physician or dentist treats my child: _____
(c) My child may also be transferred to (Preferred Hospital): _____
with the phone #: _____, or to any other reasonably close hospital.

** This authorization does not cover major surgeries unless the medical opinion of two (2) licensed doctors or dentists concur in the need for such surgery.

Parent or Guardian Signature: _____ Date: _____

To refuse consent: I do not give consent for emergency medical treatment to my child _____
_____ in the event of an injury or illness requiring emergency treatment, it is my wish that the College

2. Do NOT take any action, please follow the instructions below:

_____

_____

Parent or Guardian Signature: _____ Date: _____

I AUTHORIZE THE FOLLOWING PERSONS TO SEEK MY CHILD

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

5. _____ Relationship: _____

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MEDICAL CERTIFICATE

I certify that I examined the child _____

and it is physically ☐ **Suitable** ☐ **No suitable** to participate in the recreational and sports activities of the private institution the Héctor Urdaneta School of Ceiba. If it is not suitable, I detail below its condition or conditions: _____

_____

_____

or if fit, but with some type of condition must be limited to the following:_____

_____

_____

Age: _____

Height: _____

Weight: _____

Name of the doctor: _____

License: _____

Address: _____

_____

Telephone: _____

Sign: _____