



THE VILLAGE SCHOOL

A NORD ANGLIA EDUCATION SCHOOL



BOARDING PRE-ARRIVAL FORMS

2025-2026

WELCOME FROM THE DIRECTOR OF RESIDENTIAL LIFE

Dear Parents,

Our Residential Life staff and students are excited to welcome your child to Residential Life for the 2025-26 school year! We have lots of exciting activities and events planned to help new students feel at home at The Village School, and we hope to encourage your child to settle in and try new things.

INTRODUCTION TO THE ADMIN TEAM

Our Year Group Leaders are an essential link between students, teachers, Residential Life staff, and parents. The Year Group Leaders are as follows:

- Middle School & 9th grade: Mr. Baikal (Jae) Hong (baikal.hong@thevillageschool.com)
- 10th grade: Mr. Mic'eal Thomas (miceal.thomas@thevillageschool.com)
- 11th grade: Mr. Jimmy Tran (jimmy.tran@thevillageschool.com)
- Associate Director & 12th grade: Mr. Adil Sheikh (adil.sheikh@thevillageschool.com)

In addition to our Year Group Leaders, our administrative team includes the following individuals who are instrumental in making sure that all students are academically and socially successful. They are:

- Ms. Yahaira Vargas (yahaira.vargas@thevillageschool.com)
- Ms. Elsi Garcia, SEVIS Administrator (elsi.garcia@thevillageschool.com)
- Mrs. Jennifer Wee, Academic Advisor (jwee@thevillageschool.com)

MENTORING PROGRAM

We are excited to welcome new students to the program this school year. Our mentoring program pairs new students with an adult mentor who works at the school. The mentor provides a little extra support to new students and gives them the opportunity to engage with aspects of American culture. A meeting will be held during orientation for interested students to sign up for this program.

ARRIVAL FORMS

As we plan for the arrival of our students to campus, I would like to stress the importance of the following pre-arrival forms, which must be submitted before your child can begin classes. If you have any questions about how to fill out any aspect of the forms, please do not hesitate to contact the international admissions team at YGL@thevillageschool.com.

Yours sincerely,

C. Randy Noll

Director of Residential Life
randy.noll@thevillageschool.com

2025-26 Important Dates for Residential Life Students

Date	Activity	Time
2025		
Saturday 2 August	New student/Student Leader/athlete arrival	All day
Sunday 3 August	New student/Student Leader/athlete arrival	All day
Monday 4 August	Residential Life Student Leadership retreat	TBA
Monday 4 August	New student/athletes arrival	All day
Tuesday 5 August	New student orientation/activities	All day
Tuesday 5 August	New family orientation	9:00 a.m.
Wednesday 6 August	New student orientation/activities	All day
Thursday 7 August	New student orientation/activities	All day
Friday 8 August	New student orientation/activities	All day
Friday 8 August	Returning student arrivals	All day
Saturday 9 August	Returning student arrivals	All day
Sunday 10 August	Returning student arrivals	All day
Monday 11 August	First official day of classes	8:00 a.m.
15 October - 17 October	Intersession Break	
Saturday 22 November	First day of Thanksgiving break	
Sunday 30 November	Last day of Thanksgiving break	
Friday 19 December	Last day of Fall semester	School closes at 12:00 p.m.
Saturday 20 December	Dorm closes for Winter break	Dorm closes at 5:00 p.m.
2026		
Saturday 3 January	Dorm re-opens	Dorm opens at 8:00 a.m.
Saturday 3 January	Returning student arrivals	All day
Sunday 4 January	Returning student arrivals	All day
Monday 5 January	Returning student arrivals	All day
Monday 5 January	New Student/Family Orientation	AllDay
Tuesday 6 January	First day of Spring Semester classes	8:00 a.m.
Saturday 14 March	First day of Spring break	
Sunday 22 March	Last day of Spring break	
3 April-6 April	Wellness Day Holiday	
Thursday 21 May	Graduation	TBA
Friday 22 May	Last day of school	School closes at 12:00 p.m.
Saturday 23 May	Dorm closes for Summer break	Dorm closes at 7:00 p.m.

STUDENT ARRIVAL INSTRUCTIONS

Please submit a copy of your flight itinerary to YGL@thevillageschool.com as soon as possible. To help you prepare for arrival, please see the following information about airport pickup procedures.

Important Dates

Students may arrive on the following dates:

- **Aug 2-4** (new students, student leaders, athletes/Fall)
- **Aug 8-10** (returning students/Fall)
- **Jan 3-5** (All students/Winter)

Transportation and Airport Arrival Information:

- Book your flight to arrive at George Bush Intercontinental Airport (airport code IAH)
- Contact YGL@thevillageschool.com with detailed flight information.
- When you arrive at the airport, proceed through customs (for international arrivals), pick up your luggage at Baggage Claim, and then go to the left of the exit doors in Terminal E (Note: follow the signs to “Arrivals”, NOT to “Transfers”).
- Village School staff members will be present to the left of the exit doors in Terminal E of IAH airport on arrival days to greet and transfer arriving students to school.
- If students are arriving to a domestic terminal, they should use the inter-terminal train (on lower level), proceed to Terminal E arrivals (level 1), and meet the staff to the left of the exit doors (see map of Terminal E on the next page).

Flight Changes and Finding Your Driver:

If you have a flight change and need to reschedule your airport pickup, or if you cannot find The Village School staff members at the airport, text or call the following emergency contacts:

Year Group Leader:

- Transportation Coordinator: Ms. Yahaira Vargas +1 407 350 8443
- 7th & 8th grade/9th grade: Mr. Baikal Hong +1 713 249 8953
- 10th grade: Mr. Mic’ael Thomas +1 415 816 8032
- 11th grade: Mr. Jimmy Tran +1 281 610 0535
- 12th grade: Mr. Adil Sheikh +1 832 202 6368

Email: YGL@thevillageschool.com

Do not leave the airport without receiving instructions from the emergency contacts.

Airport Transportation Service:

Transportation is included in the mandatory student fees for the following trips to/from the airport ONLY ON SPECIFIED DATE WINDOWS:

- Arrival at beginning of academic year: **Aug 2-11** (all initial arrival dates for a new student)
- Departure for winter break. **Dec 19 & 20** (All students)
- Arrival from winter break. **Jan 3-6** (All students)
- Departure at end of the academic year: **May 21 & 23** (All Students)

Any transport requests made outside of the specified dates will be charged an additional fee to be paid at the time of service.

There is no option to stay later, or arrive back earlier than the dates and times stated above.

If you are flying as an “Unaccompanied Minor”, there may be an additional fee that will be charged to your student account. Please contact YGL@thevillageschool.com if you will be travelling as an Unaccompanied Minor .

Transportation with Parents:

If your parents are flying with you at the beginning of the academic year, please contact the Residential Life Administration Team at YGL@thevillageschool.com prior to your arrival to arrange additional transportation for them to a local hotel.

There is a fee for additional stops which will be charged to your student account .

Immigration Documents:

When entering the USA, students should be prepared to present the following documents:

- **Valid passport (valid at least 6 months into the future at all times)**
- **Valid I-20 document**
- **Valid F-1 visa**
- **Enrollment letter**
- **Original funding document**
- **I-901 SEVIS fee receipt**

For more information about initial entry, please visit: <https://studyinthestates.dhs.gov/getting-to-the-united-states>.

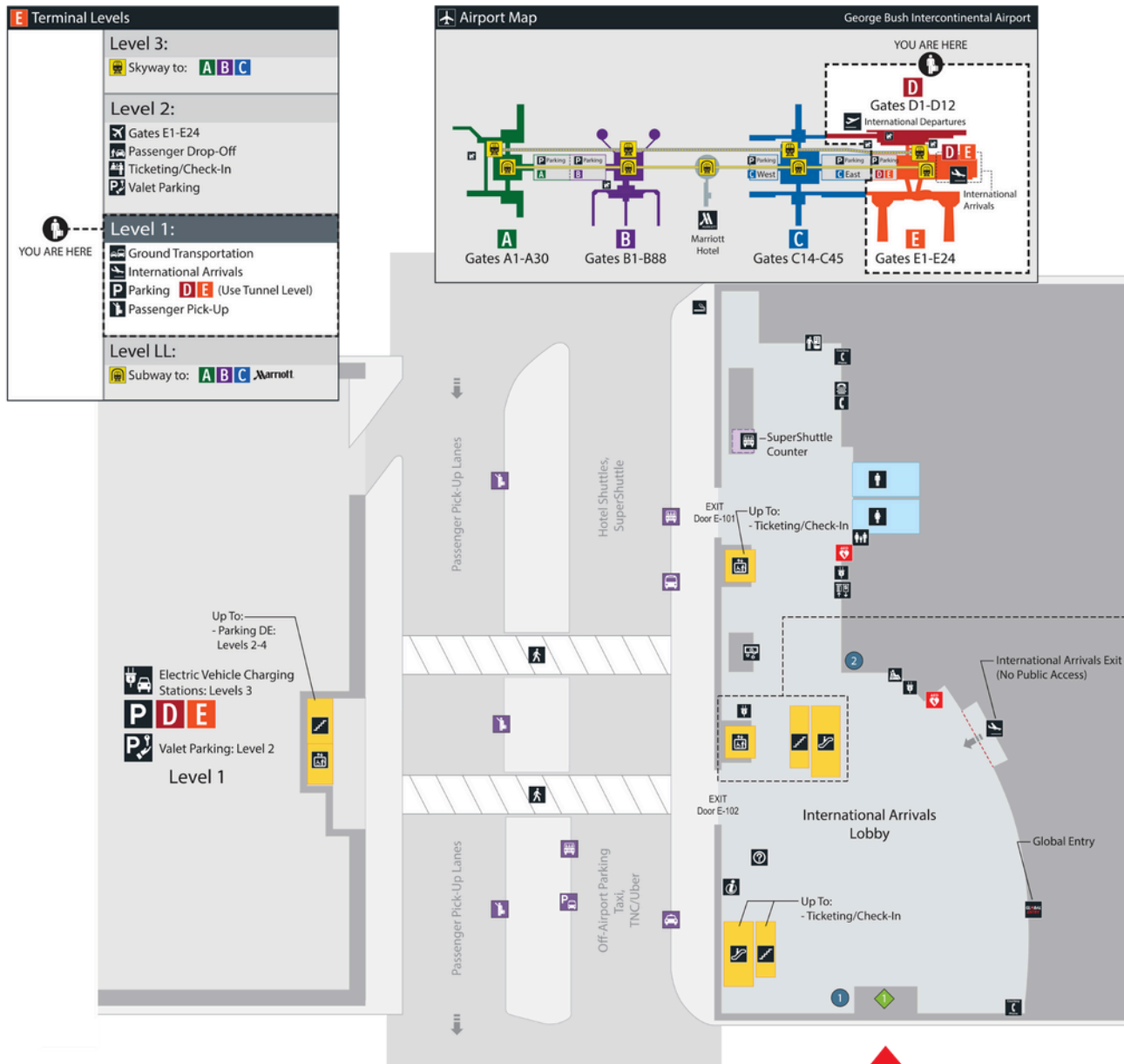
For more information about re-entry for F-1 Non-immigrant visa holders, please visit: <https://www.ice.gov/sev>

STUDENT ARRIVAL INSTRUCTIONS

TERMINAL **E** Level 1

Get there quickly and easily
Find ground transportation or a hotel

Visit Now
fly2houston.com



For more information, or if you have any questions, please contact the Residential Life Administration Team at Ygl@thevillageschool.com.

MEET HERE

Airlines	Amenities & Services	Ground Transportation	Dining	Shopping
<ul style="list-style-type: none"> Airlines: United 	<ul style="list-style-type: none"> AED Baggage Carts Courtesy Phone Currency Exchange Elevators Escalators Family Restrooms Global Entry Information Interactive Directories Massage Chairs Parking Rapid Charger Machine Restrooms Smoking Area Stairs Telephones TTY Phones Valet Parking Vending Machines 	<ul style="list-style-type: none"> Hotel Shuttles Off-Airport Parking Passenger Pick-Up Rental Car Shuttles Taxis TNC/Uber 	<ul style="list-style-type: none"> Starbucks 	<ul style="list-style-type: none"> AT&T Automated Kiosk The Wall Street Journal

BOARDING PERMISSION FORM CHECKLIST

Please complete all of the forms in this section. It is essential we begin the school year with accurate information to provide students with the safest and most productive experience.

Please send all forms via email to YGL@thevillageschool.com.

Checklist & Signed Forms to Return

- ☐ Student and Parent Contact Information
- ☐ Durable Power of Attorney (*must be signed by each parent/guardian with custodial rights, and notarized*)
- ☐ Boarding Permission Form
- ☐ Off-Campus and Travel Permission Form
- ☐ Family or Friend Information & Identification Form (*if applicable*)
- ☐ *Student must bring a Credit or Debit Card for ancillary Medical and Emergency Expenses (*If student expenses are paid by school credit card, the expense will be charged to the student's school account, with a 15% processing charge added.)*





Student's Last Name Student's First Name(s) Birth Date (MM/DD/YYYY) Grade

TO REQUEST AIRPORT TRANSPORTATION, PLEASE COMPLETE THE FOLLOWING INFORMATION AND SUBMIT A COPY OF YOUR FLIGHT ITINERARY TO YGL@THEVILLAGESCHOOL.COM AS SOON AS POSSIBLE.

- Book your flight to arrive at George Bush Intercontinental Airport (airport code IAH)
- Fall semester students may arrive on the following dates:
 - New students: August 2-4.
 - Returning students: August 8-10

Do you need school staff to arrange for airport transportation to campus? (Included in mandatory fees)

☐ Yes

☐ No

If no, students must be accompanied by an adult and provide their date/time of arrival.

FLIGHT

Airline:		
Flight Number:		
Departure Airport:	Departure Date:	Departure Time:
Arrival Airport:	Arrival Date:	Arrival Time:

CONNECTING FLIGHT (IF APPLICABLE)

Airline:		
Flight Number:		
Departure Airport:	Departure Date:	Departure Time:
Arrival Airport:	Arrival Date:	Arrival Time:

CONNECTING FLIGHT (IF APPLICABLE)

Airline:		
Flight Number:		
Departure Airport:	Departure Date:	Departure Time:
Arrival Airport:	Arrival Date:	Arrival Time:

Is the student traveling alone?

☐ Yes

☐ No

If yes, is the student an unaccompanied minor?

☐ Yes

☐ No

NOTE: If a student is traveling with the "Unaccompanied Minor" service purchased through the airline, please contact YGL@thevillageschool.com prior to their arrival.



STUDENT INFORMATION

Student's Last Name Student's First Name Student's Middle Name Birth Date (MM/DD/YYYY) Grade

Student's Preferred Name Student's Mobile Phone

Student's Email Address

PARENT 1 INFORMATION

Parent 1 Last Name Parent 1 First Name Parent 1 Middle Name

Home Address

Home Phone Work Phone Parent 1 Mobile Phone

Email Address Parent date of Birth

Include copy of Parent's government issued ID (license or passport)

PARENT 2 INFORMATION

Parent 2 Last Name Parent 2 First Name Parent 2 Middle Name

Home Address

Home Phone Work Phone Parent 2 Mobile Phone

Email Address Parent date of Birth

Include copy of parent's government issued ID (license or passport)



Student's Last Name _____ Student's First Name _____ Birth Date (MM/DD/YYYY) _____ Grade _____

PLEASE NOTE: THIS DOCUMENT REQUIRES LEGAL NOTARIZATION

We, _____, parents and lawful guardians of
_____, (DOB. _____ / _____ / _____)

appoint The Village School Residential Life Staff or such alternate that The Village School shall appoint, as our attorneys-in-fact with full power to carry out all acts specified herein for as long as the student is enrolled at The Village School. This power of attorney shall not be affected by our subsequent disability or incapacity or the inability to contact us or communicate with us concerning our child. The following powers are granted to our attorneys-in-fact to be used for the benefit and behalf of our child:

I. TRAVEL AND TRANSPORTATION

- To purchase tickets and travel permits;
- To arrange transportation and travel plans;
- To accompany our child during travel;
- To remove our child from Texas;
- To travel with our child by airplane, train, bus, boat, or motor vehicle;
- To sign and deliver any releases of liability or consents to participation that may be needed for our child to join in and participate in activities, experiences and travel; and,
- To arrange and authorize evacuation or emergency transportation.

II. MEDICAL CARE AND TREATMENT

- To arrange, authorize, or withhold authorization for medical, vision, or dental care, hospitalization, and surgical procedures;
- To authorize admission to clinics, hospitals, laboratories, surgeries, or doctors' offices;
- To enter into agreements for care and to incur costs, fees, and expenses for care;
- To arrange for discharge, transfer from, or change in type of care;
- To arrange for consultation, diagnosis, or assessment as may be required for proper care and treatment;
- To authorize and dispense medicines, drugs, prescriptions, therapies, and rehabilitative treatments, such as epi-pens, syringes, inhalers, nebulizers, etc.; and
- To receive, release, discuss, disclose, and exchange medical, psychological, counseling, and other confidential health information relating to our child with medical professionals and applicable House Parents.

III. RIGHTS AND DUTIES

- To act in loco parentis;
- To set up any bank accounts that our attorneys in fact, deem necessary to take care of our child while he/she is attending the School and to make deposits or withdrawals in any such account that is deemed necessary to take care of our child;
- To take all actions necessary to properly care for our child and to permit our child to fully engage in all school activities, including, without limitation, to sign and deliver any releases of liability or consents to participation that may be needed for our child to join in and participate in School activities; and
- To take all actions necessary to make appropriate travel arrangements for any travel necessary for our child, including, but not limited to, return travel to;

_____ (home country).

IV

Pursuant to Title 2, Subtitle A, Chapter 34 of the State of Texas Family Code, we understand that only one Durable Power of Attorney may be in effect for our child at a time. If a prior Durable Power of Attorney regarding our child remains in effect and has not expired or been terminated, the Durable Power of Attorney with The Village School is void. Likewise, we understand that we may not enter into a subsequent Durable Power of Attorney for our child while the one with The Village School remains in effect.

Neither The Village School Residential Life Staff nor The Village School (including its officers, directors, trustees, shareholders, managers, partners, employees, staff, volunteers, and supervisors and their successors and assigns) shall incur any liability whatsoever acting under authority of this Durable Power of Attorney, including without limitation, by reason of the giving any authority or consent to treatment hereunder, and there is no obligation on the School or The Village School Residential Life Staff to be available to exercise this power of attorney should the minor need medical, vision or dental attention.

Parents, jointly and severally, on their own behalf and on behalf of the minor (collectively the "Releasors"), hereby waive, release, and discharge, and covenant not to sue, the School, and its officers, directors, trustees, shareholders, managers, partners, employees, staff, volunteers, and supervisors and their successors and assigns, or The Village School (collectively the "Releasees") from any and all liability and/or claims, suits, damages, injury, disability, death, costs, and expenses, in any way related to the authority exercised under this Durable Power of Attorney, including without limitation, to any medical treatment or procedure as a result of any consent hereunder, including any acts or omissions by any person, whether caused by the sole or joint negligence or tortious act or omission of the Releasees or any third party (collectively the "Claims"). The Releasors hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Waiver and Release.



Durable Power of Attorney (continued)

Student's Last Name

Student's First Name

Birth Date (MM/DD/YYYY)

Grade

In the event that this Waiver and Release is found to be invalid, unenforceable, or void, in whole or in part, for any reason, then the Releasors acknowledge and agree that in no event, including, without limitation, the negligence or gross negligence of the Releasees, or any of them, shall the Releasees' aggregate liability to Releasors or any other person exceed any applicable insurance limits, and in no event shall Releasees, or any of them be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Releasees have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

We have signed our names to this Durable Power of Attorney this _____ day of _____, 20_____.

City

Country

Print Parent/Guardian 1 Name

Parent/Guardian 1 Signature

Date

Print Parent/Guardian 2 Name

Parent/Guardian 2 Signature

Date

Witness 1 Name

Witness 1 Signature

Date

Witness 2 Name

Witness 2 Signature

Date

Before the undersigned Notary Public, personally appeared _____,

parents of _____ who is/are personally

known to me/or who produced identification (type of ID) _____, and who did/did not take an oath.

Given under my hand and official seal this _____ day of _____, 20_____.

Notary Public

My commission expires

Notary Seal



Student's Last Name _____

Student's First Name _____

Birth Date (MM/DD/YYYY) _____

Grade _____

1. BOARDING ADDENDUM

I am the said Parent of the above-named student ("Student") who is currently enrolled in the Nord Anglia Education Family of Schools Boarding Program at the Nord Anglia Education School, indicated above by (the "School"). We herein acknowledge that Nord Anglia Education, the School, and the administrators of the School shall set forth such rules and guidelines as may be necessary for the welfare of the Student during his/her enrollment in the boarding program. Such rules may include necessary and reasonable discipline. I and the Student understand and agree that the Student is bound by the School's honor code during all times, and the Student's enrollment in the boarding program does not relieve the Student of any obligation of the honor code or any consequences as may be occasioned by a violation thereof. The School retains the right to determine, in its sole discretion, that the Student shall be withdrawn from the boarding program or the School. Withdrawal of the Student from the boarding program or the School, for any reason at any time, does not relieve the undersigned of the responsibility for the entire year's tuition and fees. In addition, in the event that the student is withdrawn from the boarding program or the School, I agree to be responsible for the costs associated with the Student's transportation back to our home, both for the Student (one-way) and for one (1) chaperone from the School (round trip).

Parent Signature _____

2. RELEASE OF EDUCATION RECORDS

As part of the college application process, unless specifically requested otherwise in writing, I authorize the release of the Student's transcript containing a list of courses and grades earned as well as any other educational records to the extent required or requested by the educational institutions to which the Student applies. I authorize the School to submit descriptive statements or letters of recommendation in support of the Student's application when requested. I understand that these statements and letters are confidential and I hereby waive my and the Student's right to review their content. I recognize that it is the School's responsibility to notify any educational institution to which the Student has applied or has been accepted as to any change in the Student's status or qualifications at the School through the end the Student's enrollment at the School, including the Student's conduct, and I hereby irrevocably authorize such notification. I understand that it is the Student's responsibility to have all admission test scores (SAT, SAT Subject Tests, ACT) sent directly from the testing agencies to all universities and colleges to which the Student applies, and if applicable, to the NCAA Clearinghouse. The Student is also responsible for having AP and TOEFL scores sent directly from those respective agencies. I understand that the School does not routinely provide class rank of its Students. However, I hereby authorize release of the Student's class rank if such is requested as a consequence of the Student's application for admission to any college or university or in connection with any scholarship application. I understand that in the event that more than ten admissions packets are requested, additional fees may be charged to cover costs.

Parent Signature _____

3. RELEASE OF LIABILITY

I agree to indemnify the School and Nord Anglia Education for all injury, loss, or damage to the person or property of others caused by the Student. I verify that the above-indicated permissions are valid for the 2025-2026 school year. Further, I understand that the School endeavors to enforce regulations that pertain to the health and safety of its students, but that it cannot be the insurer of the Student's health and safety. I, therefore, release and hold harmless Nord Anglia Education, the School, its officers, agents, and employees from any injury, loss or damage beyond applicable insurance coverage, for injuries to or sickness of the Student, reserving, however, any rights against others responsible. I further agree to release and hold Nord Anglia Education, the School and/or their parents, subsidiaries, related, and affiliated companies harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injuries or property damage suffered by the Student during his/her enrollment in the boarding program and/or from activities of the Student during his/her stay; excluding, however, from any act of negligence by Nord Anglia Education, the School and/or its parents, subsidiaries, related, and affiliated companies. I have executed a medical authorization form allowing the School to procure, at my expense, any medical care reasonably required by the Student during the time the Student is boarding.

Parent Signature _____



Boarding Permission Form (continued)

Student's Last Name Student's First Name Birth Date (MM/DD/YYYY) Grade

4. PHOTO RELEASE

I, agree to allow Nord Anglia Education and the School, their nominees and assigns (collectively, "Nord Anglia Education") the right to record the Student's image, voice, and performance by any and all mechanical, electrical, digital and photographic means in connection with his or her attendance at the School and other related activities (such recordings and any portion thereof and all copies and reproductions thereof, together with the use of the Student's name in connection therewith, are collectively referred to as the "Released Material"). I hereby consent to and grant to Nord Anglia Education the worldwide perpetual right to use, reproduce, exhibit, distribute, broadcast, edit or otherwise exploit the Released Material in any and all media now known or hereinafter devised. I understand and agree that the Released Material is and shall remain the sole property of Nord Anglia Education. I acknowledge that neither the Student nor I will be compensated for any uses made of the Released Material. This release shall be binding on me as well as on the Student, my heirs, executors, and assigns. This release shall be governed in accordance with the laws of the State of Texas, United States of America. I hereby warrant that I am the parent of the Student and free to give this permission, consent, and release which I have read and understand.

Parent Signature _____



Off-Campus Travel and Permission Form

Student's Last Name _____

Student's First Name _____

Birth Date (MM/DD/YYYY) _____

Grade _____

1. SCHOOL TRIP PERMISSION

I understand that during the Student's enrollment in the boarding program, the Student may, from time to time, be offered the opportunity to take field trips sponsored by The Village School and The Village School boarding program. These trips may involve overnight stays away from the school and the residential facility. By execution of this Agreement, I expressly grant permission for my child to participate in such field trips as well as permission for the School and/or Nord Anglia Education to take my child outside the residential boundaries on such field trips. I hereby agree to release and hold The Village School and Nord Anglia Education harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injuries or property damage suffered by the Student during the trip, excluding, however, from any act of gross negligence by The Village School or Nord Anglia Education. I hereby agree to assume full responsibility for the payment of all debts incurred by my child during his/her participation in such events and to reimburse the School any damages suffered by it due to acts of the Student during such.

Parent Signature _____

2. PERMISSION TO SWIM

I understand that during the Student's enrollment in the Residential Program at The Village School, the Student may have the opportunity to swim. Swimming may be part of a school sponsored sports activity, or a leisure activity. There may not be a lifeguard on duty. By execution of this agreement, I expressly grant my child permission to swim, in either school-owned swimming pool, or a non-school leisure pool. I hereby agree to release and hold The Village School and Nord Anglia Education harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injuries during this activity, excluding from however, from any act of gross negligence by The Village School or Nord Anglia Education.

Parent Signature _____

3. PERMISSION TO LEAVE RESIDENTIAL BOUNDARIES ON FOOT

As part of the boarding program, I understand that my child may be granted permission from the Residential Life Staff to leave the residential boundaries for a specific period of time without direct supervision. In order to be granted such permission, I understand that my child must sign out with Residential Life Staff, he/she must carry a charged phone with a U.S. number, he/she must be in the company of other students, or with a friend or family member designated on the next page, and he/she is expected to communicate clearly and honestly with staff about his/her whereabouts. I understand that this is a unique privilege that requires a high level of personal responsibility and trust between Residential Life Staff and my child and also full collaboration with our family. I understand that permission to leave campus may be limited or revoked by Residential Life Staff in the event that rules put in place to ensure the safety of the Student are not followed.

Parent Signature _____

4. PERMISSION TO RIDE SCHOOL BICYCLES OFF CAMPUS

I understand that during the Student's enrollment in the Residential Program at The Village School, the Student may have the opportunity to check out & ride school bicycles off campus. Bike riding may also be part of a school sponsored sports activity, or a leisure activity. There may not always be an adult joining the ride (always at least one other student). By execution of this agreement, I expressly grant my child permission to check out & ride bicycles, on either a school-owned, or a non-school-owned rental bicycle. I hereby agree to release and hold The Village School and Nord Anglia Education harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injuries during this activity, excluding from however, from any act of gross negligence by The Village School or Nord Anglia Education.

Parent Signature _____



Off-Campus and Travel Permission Form (continued)

Student's Last Name _____

Student's First Name _____

Birth Date (MM/DD/YYYY) _____

Grade _____

5. PERMISSION TO LEAVE RESIDENTIAL BOUNDARIES UNDER THE SUPERVISION OF VILLAGE SCHOOL FAMILIES

I understand that by granting permission for my child to leave the residence with any of the designated family members or friends (or other family members or friends later permitted), my child will not be the responsibility of the School or Nord Anglia Education once released to such individual and during my child's period of absence from the residence. As such, I understand that neither the School nor Nord Anglia Education assumes liability or responsibility of any kind once my child is released to a family member or friend and/or during my child's period of absence from the residence. By signing below, I expressly accept all risks and responsibilities associated with my child leaving the residence and during his/her absence therefrom. I hereby release and hold the School, Nord Anglia Education, and their respective agents, administrators, managers, employees, related entities, and trustees harmless from and indemnify them against all claims, demands, suits, charges, fees, attorneys' fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising out of, pertaining to, or connected with, directly or indirectly, my child leaving the residence and/or my child's period of absence therefrom. The types of claims I hereby release include contract claims, statutory claims, torts of any kind, negligence, intentional acts, or any other type of claim.

I understand that I will be required to communicate requests for specific dates and times for my child to stay overnight with approved individuals in advance. I understand that host families will also need to communicate their commitment to supervising the student for these specific dates and times in advance. I understand that permission to stay overnight may not be granted if these basic communication guidelines are not followed or if Residential Life Staff are unable to verify whether the student will be appropriately supervised.

I grant my child permission to stay overnight with the families of students of The Village School.

- ☐ Yes
- ☐ No

I grant my child permission to leave residential boundaries in vehicles driven by the parents of The Village School.

- ☐ Yes
- ☐ No

I grant my child permission to leave residential boundaries in vehicles driven by other students of The Village School.

- ☐ Yes
- ☐ No

Parent Signature _____

6. PERMISSION TO TRAVEL USING RIDE SHARING SERVICES

As part of the boarding program, I understand that my child may be granted permission from the Residential Life Staff to leave the residential boundaries for a specific period of time without direct supervision. This permission gives my child the authorization to leave the residential boundaries using a ride sharing service, as long as they do not travel alone, and follow all other rules about leaving residential boundaries listed in the "permission to leave residential boundaries" section. By signing this agreement, I expressly accept all risks and responsibilities associated with my child traveling using a ride sharing service and to follow the rules of use set by that company. With this permission, students are expected to communicate clearly and honestly on their whereabouts. In the event that the student breaks any of the rules set, the privilege may be revoked by Residential Life Staff.

Parent Signature _____

7. PERMISSION TO TRAVEL BY PUBLIC TRANSPORT (ONLY ALLOWED FOR 9-12TH GRADE STUDENTS)

As part of the boarding program, I understand that my child may be granted permission from the Residential Life Staff to leave the residential boundaries for a specific period of time without direct supervision. This permission gives my child the authorization to leave residential boundaries by public transport, as long as they do not travel alone, and follow all other rules about leaving residential boundaries listed in the "permission to leave residential boundaries" section. By signing this agreement, I expressly accept all risks and responsibilities associated with my child traveling by public transport. With this permission, students are expected to communicate clearly and honestly about their whereabouts. In the event that the Student breaks any of the rules set, the privilege may be revoked by Residential Life Staff.

Parent Signature _____



Family or Friend Information and Identification Form

Student's Last Name

Student's First Name

Birth Date (MM/DD/YYYY)

Grade

PERMISSION FOR STUDENT TO LEAVE THE RESIDENTIAL BOUNDARIES WITH A NON-VILLAGE FAMILY MEMBER OR FRIEND

By completing this form, you are giving the Student permission to leave the dorm and spend time with the family member or friend listed below. You are NOT granting the family member or friend the ability to act as, or in place of, the legal guardian. To ensure the safety of the Student, The Village School Residential Life Staff requests all family members or friends be over the age of 25. When the family member or friend comes to pick up the Student, they will be asked to show a state or government-issued photo ID. A member of The Village School staff will also meet briefly with the family member or friend to ensure they understand their responsibility, plan to act in the best interest of the Student and commit to open communication with our staff as necessary.

IMPORTANT GUIDELINES

These guidelines are followed for the safety and security of all students:

- Students must receive permission to leave the dorm with a family member or friend directly from their parent(s) at least 48 hours in advance of the planned trip.
- Family members or friends are required to be over the age of 25.
- When first visiting a student, family members or friends will need to come to the dorm to meet our staff, provide a copy of identification, provide a plan of their time with the Student, and provide their contact information.
- Additional documentation and weekend leave forms may be required prior to a student being allowed to leave campus with the family member or friend.
- Students may not use the same email account as their parent(s) in order to give themselves permission to leave the dorm. This type of email is fraud and will lead to severe disciplinary consequences.

Our school's top priority is the safety, security, and health of our students, and it is extremely important that we trust and have good communication with the individuals who spend time with them outside The Village School dorm and residential boundaries.

Requests may be denied at the discretion of the Residential Life Staff.

Parent Signature

Date

REQUIRED FOR EACH FAMILY MEMBER OR FRIEND – PLEASE DO NOT LEAVE ANY SECTION BLANK

Family member or friend name

Relationship to the Student

Phone Number(s)

Email

Date of Birth (MM/DD/YYYY)

Current Address

☐

Yes

☐

No

I grant permission for my child to leave campus with above named family member or friend.

☐

Yes

☐

No

I grant permission for my child to leave campus in vehicles driven by above named family member or friend.

☐

Yes

☐

No

I grant permission for my child to stay overnight on weekends and school holidays with above named family member or friend.



Family or Friend Information and Identification Form (continued)

Student's Last Name _____ Student's First Name _____ Birth Date (MM/DD/YYYY) _____ Grade _____

REQUIRED FOR EACH FAMILY MEMBER OR FRIEND – PLEASE DO NOT LEAVE ANY SECTION BLANK

Family member or friend name _____ Relationship to the Student _____

Phone Number(s) _____

Email _____ Date of Birth (MM/DD/YYYY) _____

Current Address _____

- ☐ Yes ☐ No I grant permission for my child to leave campus with above named family member or friend.
- ☐ Yes ☐ No I grant permission for my child to leave campus in vehicles driven by above named family member or friend.
- ☐ Yes ☐ No I grant permission for my child to stay overnight on weekends and school holidays with above named family member or friend.

Family member or friend name _____ Relationship to the Student _____

Phone Number(s) _____

Email _____ Date of Birth (MM/DD/YYYY) _____

Current Address _____

- ☐ Yes ☐ No I grant permission for my child to leave campus with above named family member or friend.
- ☐ Yes ☐ No I grant permission for my child to leave campus in vehicles driven by above named family member or friend.
- ☐ Yes ☐ No I grant permission for my child to stay overnight on weekends and school holidays with above named family member or friend.

ADD ADDITIONAL FAMILY MEMBERS OR FRIENDS ON A SEPARATE SHEET AND INCLUDE WITH THE PACKET.

STUDENT HEALTH INFORMATION & MEDICAL FORMS CHECKLIST

Please complete all of the health information and medical forms in this section, providing complete details on each. Some forms require a signature from your child's physician.

Failure to return completed forms may cause students to be withheld from classes until completed forms can be obtained.

Return all forms to YGL@thevillageschool.com.

Checklist of Signed Forms to Return

(Some forms must be completed by a licensed physician)

- ☐ Health Permission Form
- ☐ Authorization for Administration of Prescription Medication Health Waiver
- ☐ TB Screening Form *(Must be completed by a licensed physician)*
- ☐ Physical Evaluation History Form *(Must be completed by a licensed physician)*
- ☐ Immunization History Form *(Must be completed by a licensed physician)*
- ☐ Learning Support Inquiry and Mental Health Disclosure



Health Permission Form

Grade

1. I UNDERSTAND THAT I MUST INFORM THE SCHOOL OF ANY CURRENT OR PAST MEDICAL CONDITIONS, EXPERIENCES OR PROBLEMS.

Date _____

2. I AUTHORIZE FIRST AID TREATMENT USING BASIC FIRST AID SUPPLIES TO BE PROVIDED TO MY CHILD AS NEEDED.

In the event that a parent or emergency contact cannot be reached, I give permission for The Village School to arrange for necessary medical care. I understand and agree that I will be financially responsible for all aspects of such emergency medical care and I indemnify and hold the School harmless for all damages, claims, and amounts paid or due in connection with such emergency medical care.

I authorize first aid treatment using basic first aid supplies to be provided to my child as needed. I hereby give permission for the School and the School's personnel to arrange for necessary medical care and authorize the emergency medical treatment of the student, including surgery, by a physician, hospital, or other provider of healthcare, in the event that I cannot be contacted in a timely fashion in order to authorize such treatment.

I also authorize the School's personnel to attend medical appointments with the student. I understand and agree that I will be financially responsible for all aspects of such emergency medical care and I indemnify and hold the School harmless for all damages, claims, and amounts paid or due in connection with such emergency medical care.

I also hereby grant permission to immunize my child in cases where immunization is necessary as part of a treatment plan or when needed for prevention of illness.

Date _____

3. MEDICAL COSTS WAIVER

Non-US students will be provided with a basic health insurance from International Medical Group (IMG), as part of the mandatory fees, to help cover the costs of many types of illnesses and injury that will happen during the academic year. This is NOT a full coverage policy. Students will be charged a deductible per illness or injury and this fee must be paid by the student at the time of service.

Additional charges beyond the usual, reasonable, and customary (URC) that the insurance covers, will be charged to the student's family. This will include the cost of medications, prescription and non-prescription, only some of which are covered by the health insurance.

I agree to pay all cost associated with clinic visits, diagnostic tests, treatments and medications which are not covered by the health insurance.

Date _____



Student's Last Name	Student's First Name	Birth Date (MM/DD/YYYY)	Grade
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I hereby give consent for the health clinic staff, Residential Life Staff, or designees of Nord Anglia Education or the School's administration to assist with the administration of OTC medications on an as-needed basis for acute illnesses or injuries to my child. This will include, but is not limited to, pain medications, anti-inflammatories, and antihistamines.

My child has no known allergies to over-the-counter medication. I give permission for any over-the-counter medication to be given to my child. I acknowledge that all foreign over-the-counter medication is not permitted on school premises and will be confiscated and discarded if found in my child's possession/dorm.

Parent Signature

Date

Please document known allergies or write NONE if not applicable:

Parent Signature _____ Date _____

I give permission for my child to self-administer non-prescription dietary supplements (e.g. vitamins). I acknowledge and agree that supplements must be manufactured in the US and purchased from a US-registered pharmacy.

I understand it is my child's responsibility to take supplements (e.g. vitamins) according to the instructions, and dosage on the label. I agree that I will discuss the need for supplements, and their possible side effects, with my child in advance of administering. If there is an adverse reaction after administering, I give my permission to The Village School or any licensed hospital physician and/or medical personnel to undertake any treatment deemed necessary. I agree to be responsible for payment of any and all medical services rendered.

I do hereby fully release The Village School from any claims from injuries, damages, and losses my child may have, arising out of, connected with, incidental to, or in any way associated with the self-administering of supplements provided above. I further agree to indemnify, hold harmless, and defend The Village School from any and all claims resulting from injuries, damages, and losses sustained by the minor child and arising out of, connected with, incidental to, or in any way associated with the administration of supplements provided above.

Parent Signature _____ Date _____



Authorization for Administration of Prescription Medication

Prescribed medications must be in original pharmaceutical containers, with a translated doctor's note if the original container is not in English. All medications to be dispensed or administered at School must be supported by an Authorization for Administration of Prescription Medications, signed by the parents. All medications are dispensed by the School nurse and/or Residential Life Staff. Students are not generally allowed to carry prescription medication while at school. The only exceptions are Epi-Pens, inhalers, and insulin pens, if supported by a physician's order and parental consent and the Student is mature enough to be responsible for the appropriate administration. Parents who believe self-administration is appropriate for their child should communicate with the School nurse. Upon arrival at the School, if a student is on a prescription medication, it must be FDA (Food and Drug Administration) approved. If needed, a follow-up appointment will be made with a US physician to validate the prescription.

STUDENT INFORMATION (to be completed by Parent)

Student Name	Grade	Gender	Birth Date (MM/DD/YYYY)
1. Prescription Medication			Generic name (if used)
Dosage amount			Time(s) to be administered at school
Condition for which drug is to be given			
Note any negative side effects			
2. Prescription Medication			Generic name (if used)
Dosage amount			Time(s) to be administered at school
Condition for which drug is to be given			
Note any negative side effects			

PARENTAL PERMISSION (To be completed by Parent). Form is void if not completed.

I request the designated School personnel or its agents to assist my child in the administration of the above named prescription medications. I give permission for my child to take this medication while in school or while participating in school activities away from the School site. I understand that (1) there is no liability on the part of the School, its personnel, or agents, and hereby release and waive any claims or actions against such persons or entity as the result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the School only by a responsible adult; (3) this medication must be in its original labeled container with an English translated doctor's note and prescription form; (4) this medication will be destroyed if it is not picked up within one week following the stop date or one week after the close of the current school year, or when the prescription expires, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and School Health personnel.

Parent Signature	Date
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Student's Last Name

Student's First Name

Birth Date (MM/DD/YYYY)

Grade

HEALTH OPTIONS FOR YOUR CHILD AT THE VILLAGE SCHOOL

We will be offering the following medical treatment to your child at The Village School.

1. NEED TO VISIT PHYSICIAN/DENTIST

Should a student need to see a provider for a general complaint, the parent approves the visit cost of \$150 in order to expedite treatment.

2. PHYSICAL EXAMINATION - MANDATORY

All boarding students will be required to undergo a mandatory physical assessment by a US doctor once they arrive in the US. Parents are responsible for notifying the school nurse of any health concerns or injuries that have occurred during the summervacation period. This will enable the nurse to provide the appropriate health care to your child.

3. IMMUNIZATIONS

The cost must be covered by the parent.

In order to attend class, all students must have a current immunization record and be up-to-date with the Texas Immunization schedule. All students must receive outstanding shots in order to attend class. The School does not cover the cost of the required shots. The immunizations will be administered by a vaccine clinic. The earlier this information can be provided to the School, the better. Contact: nurse@thevillageschool.com

4. FLU SHOT

The cost is not covered by the School.

- ☐ Yes, I would like my child to receive an annual flu shot. My child will pay at the time of the shot by either credit card or cash.
- ☐ No, I would not like my child to receive an annual flu shot.

I AGREE TO ALL STATEMENTS ABOVE

Parent Signature

Date



TB Screening Form (new students only)

All new students must undergo a TB screening **WHICH INVOLVES A BLOOD TEST**. It must be done before coming to school. Take this form to your doctor as soon as possible, follow the guidelines below:

- Have the Tb QFT (QuantIFERON TB Gold) or T-Spot blood test performed as soon as possible after enrollment. The result must be attached with this document.
- If a blood test is 'positive', the student must have an x-ray performed and treatment commenced prior to coming to the School. Treatment must be documented by a doctor, translated into English, and attached.
- When an x-ray is performed for a positive Tb QFT, the result must be attached with a complete translated description of results.
- All results must be documented on this form by a health professional.

FOR CLINICIAN/DOCTOR USE ONLY: QuantiFERON/T-Spot BLOOD TEST RESULT

QFT/T-Spot test performed on: _____

Result: Pos. Neg.

FOR CLINICIAN/DOCTOR USE ONLY - CHEST XRAY RESULT - if applicable

Date performed: _____

Result: Pos. Neg.

Read by (please print): _____ Telephone number: _____

FOR DOCTOR USE ONLY:

TB Treatment started on: _____

IMPORTANT:

The TB Test result received by the school must be the "BLOOD TEST" version. Any other form of test (skin, x-ray, etc) will not be accepted; and the student will not be allowed to attend classes, until an official blood test result is received. Note: A blood test result in the United States can take up to a week to receive.

TAPPS STUDENT TRANSFER FORM (STF)

Student Full Name: _____
Gender on Birth Certificate: _____ Date of Birth: _____ Grade Level: 9 10 11 12

Education Information

Name of New School: _____
Name of School first enrolled in for ninth grade? _____
Date of enrollment in the ninth grade at first school (month/year)? _____

Financial Aid:

____ Yes ____ No Was the student receiving financial aid at the previous school?
____ Yes ____ No Is the student receiving financial aid at the new school?
____ Who is paying for student's tuition at the new school? (ie parents, other)

Participation:

Please circle each of the activities in which the student plans to participate at the new school.

Baseball	Basketball	Cross Country	Fall Soccer	Fine Arts	Football	Golf
Softball	Swimming	Tennis	Track and Field	Volleyball	Winter Soccer	Wrestling

Please list each of the activities in which the student participated at the previous school and the level at which they participated (ie. Varsity, Sub varsity, practice or tryout): _____

Eligibility:

____ Yes ____ No	Has the student missed class time to participate in national or international competition?
____ Yes ____ No	Has the student been suspended or dismissed from the previous school?
____ Yes ____ No	Is the student presently suspended from the previous school?
____ Yes ____ No	Is the student eligible to return to the previous school?
____ Yes ____ No	Did the student participate in AAU, club, or select teams prior to applying at the new school?
____ Yes ____ No	Has the student participated on an AAU, club, or select team coached, managed, or owned by any member of the coaching staff or faculty at the new school?
____ Yes ____ No	Has the student participated on an AAU, club, or select team on which other students at the new school participated?
____ Yes ____ No	Did the student participate on a "fall" or "spring" team for the new school prior to enrollment?
____ Yes ____ No	Did the student participate on a "fall" or "spring" team coached by a member of the coaching staff or faculty at the new school prior to enrollment?
____ Yes ____ No	Did the student participate on a "summer" team for the new school prior to attendance?
____ Yes ____ No	Did the student participate on a "summer" team coached by a member of the coaching staff or faculty at the new school?
____ Yes ____ No	Did the student participate in 7 on 7 with the previous school prior to withdrawal?
____ Yes ____ No	Did the student participate in 7 on 7 with the new school prior to the last day of school at the previous school?
____ Yes ____ No	Did the student participate in 7 on 7 or similar teams during the summer with the new school?
____ Yes ____ No	Did the student receive private instruction from a member of the staff at the new school?
____ Yes ____ No	Did the student attend any camp held by or at the new school prior to enrollment?

By signature below, we attest that the above information is factual, true and correct. We understand that if information is later determined to be incorrect or untrue, the eligibility of the student would be in jeopardy and any contests in which the student participated would be subject to forfeiture by the school.

Student Signature /Date

Parent or Guardian Signature /Date

Effective 06/01/2024

PREVIOUS ATHLETIC PARTICIPATION FORM (PAPF)

Student Full Name: _____

Student Present Street Address: _____

Previous Schools attended in Last 12 Months: _____

Grades Attended at the Previous School: _____ Grade attending at the current school: _____

Date of first attendance at the current school: _____ Date withdrew from the previous school: _____

PART A - Certification of Family:

We certify that neither my child nor I have been offered nor accepted any inducement to attend the new school in accordance with Section 87 of the TAPPS By-Laws. We certify that my child is in compliance with all TRANSFER policies as outlined in **Section 104** of the TAPPS By-Laws. The new school has presented information regarding TAPPS eligibility for our review prior to signature of this document. If unsure of compliance, please consult your school's Athletic Director prior to signature.

Parent Signature / Date: _____ Student Signature / Date: _____

PART B - Certification of Nonparticipation at Previous School

- ☐ We certify that our child did not participate (tryout, practice or compete) in any level of athletics at the previous school. Skip Part C below and return to current school if no previous participation.

PART C - Certification of Participation by Previous School

1. ___ Yes ___ No Was this student ever suspended or removed from an athletic program in your school?
2. ___ Yes ___ No Would the student have been prohibited from athletic participation at the previous school?
3. ___ Yes ___ No Is the previous school an alternative school in which the student was placed?
4. ___ Yes ___ No Based on your knowledge, did the student participate on any AAU, club or similar team coached by a coach or faculty member at the new school?
5. ___ Yes ___ No Based on your knowledge, did the student participate on any off-season league team coached by a coach or faculty member at the new school?
6. ___ Yes ___ No Based on your knowledge, did the student participate in a camp or camps involving the new school or a coach or faculty member at the new school?
7. ___ Yes ___ No Based on your knowledge, did the student receive private or group training by a coach or faculty member at the new school?
8. ___ Yes ___ No Based on your knowledge, did the student receive any offer of inducement, financial or otherwise, to attend the new school?

Administrator / Date: _____ Athletic Director / Date: _____

PART D - Certification of the Current School:

We certify that to the best of our knowledge, no one has offered any inducement to the student or parent to transfer to our school and we certify that the student was not induced. We reviewed all information and circumstances pertaining to this student's transfer to our school and certify that all TAPPS By-Laws have been upheld. The new school has presented information regarding TAPPS eligibility to the student and parents for review prior to signature of this document. We acknowledge that the student is not eligible for interscholastic competition at any level until the Transfer Approval process is completed and approval from TAPPS.

Administrator / Date: _____ Athletic Director / Date: _____



Immunization History Form

MUST BE COMPLETED IN ENGLISH AND SIGNED BY A LICENSED PHYSICIAN

Student Name _____ Grade _____ Gender _____ Birth Date (MM/DD/YYYY) _____

THE FOLLOWING VACCINATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE IN THE STATE OF TEXAS. PLEASE REFER TO THE TEXAS MINIMUM STATE VACCINATION REQUIREMENTS ON PAGE 24

DTP or DTaP – One dose must be received on or after the fourth birthday

Dose 1: _____ (MM/DD/YYYY) Dose 2: _____ (MM/DD/YYYY) Dose 3: _____ (MM/DD/YYYY) Dose 4: _____ (MM/DD/YYYY)

Tdap - One vaccine is required for 7th grade; required for 8-12th grade if ten years have passed since the last tetanus containing vaccine dose

Dose 1: _____
(MM/DD/YYYY)

IPV/OPV (Polio) – One dose must be received on or after the fourth birthday

Dose 1: _____ (MM/DD/YYYY) Dose 2: _____ (MM/DD/YYYY) Dose 3: _____ (MM/DD/YYYY) Dose 4: _____ (MM/DD/YYYY)

MMR (Measles, Mumps, Rubella) – Two doses required if given instead of individual immunization

Dose 1: _____ (MM/DD/YYYY) (First dose must be administered on or after the first birthday) Dose 2: _____ (MM/DD/YYYY)



Immunization History Form (continued)

Student Name _____ Grade _____ Gender _____ Birth Date (MM/DD/YYYY) _____

Hepatitis A

Dose 1: _____ (First dose must be administered on or after the first birthday)
(MM/DD/YYYY)

Dose 2: _____
(MM/DD/YYYY)

Hepatitis B - Three doses required

Dose 1: _____
(MM/DD/YYYY)

Dose 2: _____
(MM/DD/YYYY)

Dose 3: _____
(MM/DD/YYYY)

Varicella (Chicken Pox) - Two doses required

Dose 1: _____
(MM/DD/YYYY)

Dose 2: _____
(MM/DD/YYYY)

- OR -

Physician-diagnosed history of disease: _____
(MM/DD/YYYY)

Meningococcal Quadrivalent/ACWY VACCINE (Menactra)

Dose 1: _____
(MM/DD/YYYY)

Physician's Name (MD, DO, NP, RN)

Physician's Telephone

Physician's Signature

Date

Physician's Stamp:

NOTE: The School's medical staff will review all submitted medical history documents and immunization records upon student arrival. Copies of original records must be attached. Families will be informed by email if their child is in need of any additional immunizations required by the state in order to attend school. Upon receiving parent consent, the School will take students to a local physician to receive any required vaccines, and the cost for these services is the sole responsibility of the family. We highly recommend that all immunizations be administered in the student's home country prior to arrival. Students without the required vaccines will be withheld from classes until necessary documentation is received and/or vaccines are given. If the student or parent(s) have religious or philosophical reasons to opt-out of vaccines, they must obtain and notarize an Affidavit Exemption from the State of Texas and use a U.S. address on the form.



Student Name	Grade	Gender	Birth Date (MM/DD/YYYY)
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- ☐ Yes
- ☐ No

- ADHD - Inattentive ☐
- ADHD - Hyperactive ☐
- ADHD - Combined ☐
- Asperger's/Autism ☐
- Dyslexia ☐
- Dysgraphia ☐
- Dyscalculia ☐
- Any other Learning Disability ☐

oMy child does not have a current issue or history of a mental health issue

oMy child has a current issue or history of a mental health issue (please give as much detail as possible below, including any medications prescribed to your child, length of disorder, etc.):

I understand that if my child indicates to any student or staff member that they are considering suicide, the School reserves the right to take them to hospital for immediate assessment. The Student may be asked to temporarily take leave from the School until their safety risk is minimized. Students may be required to return to their family until a mental assessment has taken place and a doctor has released the Student from their care.

Parent Signature

Date