

Registration (Each child in a family must complete a separate registration form.)

STUDENT'S LEGAL NAME: _____
 _____ (First) _____ (Middle) _____ (Last)
Father's Full Name: _____ **Phone:** _____
Mother's Full Name: _____ **Phone:** _____
Guardian (if different than above): _____ **Phone:** _____

FAMILY EMAIL CONTACT: _____
ADDRESS: _____ **City** _____ **State** _____ **Zip:** _____
BIRTHDATE: _____ ***Documentation of Date of Birth (Idaho Code §18-4511.2)** _____
 (Month/Day/Year) ***Immunization Record or Exemptions (Idaho Code §39-4801)** _____

GRADE LAST ATTENDED: _____
SCHOOL LAST ATTENDED: Home School: _____ Private School: _____ Charter/Public School: _____
School Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone number: _____ **Fax number:** _____

Have you been enrolled in any of these types of special classes or programs at your previous school?
 _____ Special Education (LD, CD, EBD, S/L, OT/PT) _____ Section 504 Accommodation Plan _____ Honors/Accelerated/GT

Comment: _____
Permission Granted for Release of Records: _____ **Date:** _____
Language(s) other than English spoken in the home: _____

Medical Condition(s): _____
Health Insurance: _____ **Policy #:** _____

Emergency Contact: Parents are always contacted first. Emergency contacts should be within a 50-mile radius and should be available to pick up an ill or injured student. Be sure anyone you lists knows that they are your child's emergency contact.

Emergency Contact # 1:	
Home phone:	
Secondary phone:	
Relationship of emergency contact to student:	
Emergency Contact # 2:	
Home phone:	
Secondary phone:	
Relationship of emergency contact to student:	

The information provided on this form is true and accurate to the best of my knowledge.
Parent/Guardian Name (please print) _____ **Date:** _____
Parent/Guardian Signature: _____

Shumway Academy

Assumption of Risk, Release, and Indemnity Agreement

Please be aware that Shumway Academy is a place of active learning!

Play, work, and discovery are pieces of that growth process.

Students participate in a number of outdoor activities including climbing trees, investigating animal habitats, caring for domestic animals, raking and hoeing gardens, playing on personal scooters and bikes, building snow and stick forts, constructing projects with tools (i.e., hammers and screwdrivers), experimenting with water (i.e., floating objects), and numerous other daily activities. Such activities are an integral part of the mission of Shumway Academy.

The undersigned participant(s) voluntarily enrolls in or participates at SHUMWAY ACADEMY (3055 N 125 E, Rexburg, ID 83440) for the 2016-2017 school year. In consideration of the services of Shumway Academy, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (collectively referred to herein as Shumway Academy), I hereby agree on behalf of myself, my children, my parents, my heirs, successors, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in the programs at Shumway Academy entails known and unanticipated risks which **COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH**, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of this program. Students at Shumway Academy will be engaging in activities such as: climbing trees, playing in bushes, gardening, participating in animal care, building and constructing projects, searching for insects, identifying plants, and playing on non-motorized scooters and swings. **RISKS MAY INCLUDE, AMONG OTHER THINGS**, potential for slips and falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions and/or other injuries. Other risks from water play and activities may include slipping or drowning. Risks could occur in transportation to, from and during field trips, getting lost, lightning, drowning, Giardia or any other injury associated with water or any type of cold or hot weather injury, including frost bite and hypothermia, heat stroke or exhaustion or even more severe life threatening hazards. During school activities there may be contact with plants and animals or insects that could create hazards such as stings, allergies, animal bites, and associated diseases.
2. **I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL OF THE RISKS EXISTING IN ASSOCIATION WITH OR PARTICIPATION IN SHUMWAY ACADEMY.** My participation in the private educational entity is purely voluntary, and I elect to participate notwithstanding the risks.
3. **I RELEASE AND FOREVER DISCHARGE SHUMWAY ACADEMY FROM ANY CLAIMS OR LIABILITY FOR ANY INJURIES, DEATH, DISABILITIES OR PROPERTY LOSS OR DAMAGE I MAY SUSTAIN WHILE PARTICIPATING IN SCHOOL PROGRAMS AND ACTIVITIES EVEN IF ARISING OUT OF THE NEGLIGENCE OF SHUMWAY ACADEMY.** This release, however, does not extend to loss or damage arising out of intentional acts or from the gross negligence of SHUMWAY ACADEMY.
4. **I HEREBY VOLUNTARILY AGREE TO INDEMNIFY (to pay or reimburse SHUMWAY ACADEMY for money it is required to pay including attorney fees and costs) AND HOLD HARMLESS SHUMWAY ACADEMY FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS PROGRAM OR MY USE OF SHUMWAY EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF SHUMWAY.**
5. **SHOULD SHUMWAY ACADEMY OR ANYONE ACTING ON THEIR BEHALF, BE REQUIRED TO INCUR ATTORNEY'S FEES AND COSTS TO ENFORCE THIS AGREEMENT, I AGREE TO INDEMNIFY (to pay or reimburse Shumway for money it is required to pay including attorney fees and costs) AND HOLD THEM HARMLESS FOR ALL SUCH REASONABLE ATTORNEYS' FEES AND COSTS.**
6. I also agree I shall be financially responsible for any expenses incurred or damages suffered by me or any other participant as a consequence of my personal acts or omissions while participating in this program.
7. **I UNDERSTAND THAT OUTDOOR ENVIRONMENTS MAY HAVE A NEGATIVE EFFECT ON MY PERSONAL, PHYSICAL, AND EMOTIONAL HEALTH. IF I AM TAKING MEDICATIONS OR HAVE CERTAIN HEALTH CONDITIONS SUCH AS ASTHMA, ANAPHYLAXIS, DIABETES, HEART DISEASE, HIGH BLOOD PRESSURE, SEIZURE DISORDERS, PREGNANCY, OR ANY OTHER MEDICAL CONCERN. I ASSUME THE RESPONSIBILITY TO CLEAR MY PARTICIPATION IN THIS ACTIVITY WITH A QUALIFIED MEDICAL PROVIDER AND WILL INFORM STAFF OF ANY MEDICAL CONCERNS SUCH AS THOSE MENTIONED ABOVE.**
8. I certify that I have adequate health insurance to cover any injury or damage I may suffer while participating in Shumway Academy. I further certify that I have no medical or physical conditions which could interfere with my safety or the safety of others in this activity. I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified medical provider to render necessary emergency medical care.
9. In the event that I file a lawsuit against Shumway Academy, I agree to do so solely in the State of Idaho, and I further agree that the substantive law of that state shall apply in the action without regard to the conflict of law rules of that state.
10. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
11. I fully realize and accept the responsibility to myself and to the other participants to carry out all activities according to Shumway Academy procedures and in a safe and prudent manner.
12. I agree that I have had sufficient opportunity to read this entire document and to ask questions. I have read and understood it, and I agree to be bound by its terms. Furthermore, I understand that by signing this I am surrendering certain legal rights.

Shumway Academy

Assumption of Risk, Release, and Indemnity Agreement

Parent, Volunteer Participant, or BYU-I Student Assistants while on the Property of Shumway Academy

School Year ~~2024~~ 2025 (including any 2025 Summer Programs)

Parent: _____ Print Name: _____ Date: _____

Parent: _____ Print Name: _____ Date: _____

Volunteer/Other: _____ Print Name: _____ Date: _____

Parent's or Guardian's Additional Indemnification (Must be completed for participants under age 18)

Family members (minors) that are enrolled in Shumway Academy or would be on the premises of Shumway Academy during the 2024-2025 School Year inclusive of Summer Programs include the following participants:

Child 1: _____ Print Name: _____ Date: _____ Age: _____

Child 2: _____ Print Name: _____ Date: _____ Age: _____

Child 3: _____ Print Name: _____ Date: _____ Age: _____

Child 4: _____ Print Name: _____ Date: _____ Age: _____

Child 5: _____ Print Name: _____ Date: _____ Age: _____

Child 6: _____ Print Name: _____ Date: _____ Age: _____

Child 7: _____ Print Name: _____ Date: _____ Age: _____

Other: _____ Print Name: _____ Date: _____ Age: _____

Other: _____ Print Name: _____ Date: _____ Age: _____

In consideration of the above minors being permitted by Shumway Academy to participate in the programs and activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Shumway Academy, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf, from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such participation or use by Minor

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____

Student Technology: Acceptable Use Agreement

Shumway Academy believes that all students should have access to technology when they act in a responsible, efficient, courteous, and legal manner. Internet access and other online services, as well as various forms of technology equipment, offer students and teachers a multitude of global resources. Our goal in providing these resources is to enhance the educational development of our students.

In compliance with the Child Internet Protection Act (CIPA), Shumway Academy utilizes filtering systems and software, making every attempt to block inappropriate sites for students. Students are required to notify an adult if they access a site that is inappropriate so that the site can be blocked from future use.

All students using Shumway technology resources must have a signed Acceptable Use Agreement on file prior to being provided access to Shumway resources, including the Internet. This signed agreement indicates that the user agrees to follow these guidelines set up for students. Parents have the right to withdraw their permission at any time.

Students agree to follow these rules when using the computer and other equipment at school:

1. To use technology resources and the Internet for school related or teacher directed activities.
2. To use computers and technology resources only when a teacher or adult volunteer/aide is present.
3. To carefully use equipment and to keep food and water away from technology sources.
4. To use only personal accounts and not another user's account, with or without their permission.
5. To protect other users by not copying or modifying files, data, or passwords belonging to other users.
6. To protect hardware, software, and networks by not damaging or tampering with them.
7. To keep personal contact information (full name, address, email address, phone number) or images of themselves or another person over the Internet private unless permission is granted in advance from parents and school personnel.
8. To be conscientious about limited resources (i.e., bandwidth, storage space, excessive-printing).

As the parent/guardian of the following child(children): _____, _____,

_____, _____, _____, I have read and understand the Acceptable Use Procedures and guidelines for access to technology resources and the Internet. I understand that this access is designed for educational purposes and that Shumway Academy has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the Shumway Academy to restrict access to all controversial and inappropriate materials. I will not hold Shumway Academy or Shumway personnel responsible for materials acquired by my child via the network and/or Internet.

Students need only submit one Acceptable Use Agreement upon entry into school. The signed agreement will be kept on file while the student is enrolled at Shumway Academy. Parents have the right to withdraw their permission at any time.

_____ I hereby give permission for my child(children) to have access to internet resources.

_____ I would prefer my child not have access to the internet.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date** _____

Shumway Academy 3055 N 125 E, Rexburg, ID 83440 (208) 356-5437

Permission to View Film/DVD/Videos

Occasionally, films (DVD/Video) are used in the classroom in order to illustrate a particular curricular-related concept. Shumway Academy will be watching a film/video in class with a rating above the "G".

The film/video will be shown in the classroom on _____.

Film/Video Title: _____

Motion Picture Industry Rating: _____

Topic under discussion to which movie is relevant:

Instructional Purpose:

Teacher's Signature: _____ Class _____

1. Child's Name _____

2. Child's Name _____

3. Child's Name _____

Yes, I give my son/daughter permission to view curriculum and school appropriate film/dvd/videos related to classroom content and subjects.

No, I do not give my son/daughter permission to view curriculum and school appropriate film/videos mentioned in this letter. I understand alternate learning experiences will be provided for my child while the movie is being watched.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Photo Release Form

Activities and History

The students at Shumway Academy have interesting experiences and participate in many productive and worthwhile activities. This provides for many great photo opportunities. We would like your permission to use photographs taken during class time, field trips, special events or celebrations to post internally in classrooms, hallways, yearbooks, and other historical school records.

_____ *I do* _____ *I do not*
Give permission for my student's photos to be used in the classroom, hallways, yearbooks, and historical records.

School Promotion

Shumway Academy also uses photographs of students for public purposes. We will promote our school using color brochures, our website, and other types of promotional materials. When photographs are used for publicity purposes, students are never identified by name. All photos used for publicity will be available for the student's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

_____ *I do* _____ *I do not*
Give permission for my student's photos to be used for promotional purposes.

_____ *I do* _____ *I do not*
Give permission for my student's photos to be used on a limited and temporary basis for instructional purposes.



- 1. Child's Name: _____
- 2. Child's Name: _____
- 3. Child's Name: _____
- 4. Child's Name: _____
- 5. Child's Name: _____

Parent/Guardian Name (please print) _____ Date: _____

Parent/Guardian Signature: _____

Shumway Academy Tuition and Fee Contract

Registration Fee: The yearly non-refundable registration fee of \$150 per student is due April 1 of each year. It is due upon acceptance to Shumway Academy. The fee covers most curriculum but parents are responsible for class supplies and community school supplies.

Tuition Payments: Tuition is \$3050 for the school year. Tuition can be made in monthly payments of \$150 due by the 5th of each month. Payments can be made in full or by semester. There is a \$25 late fee if paid after the 5th of the month the tuition was due. If your account becomes 30 days delinquent, we may require you to take your child out of school until the balance is paid in full. Please call the office if you have extenuating circumstances and we will do our best to work something out with you.

Returned Check Fee: There will be a \$25 returned check fee if an NSF check is returned to us by our bank. You will be notified immediately and will need to make up that payment in full with cash or venmo.

Late after school pick up fee: There will be a \$15 per student fee beginning at 12:45 for every 15 minutes you are late. At 12:45 you will be charged. When you are late, you send a message that your time is more important than our time. We understand things come up. Please let us know and strive to be on time.

Withdrawal from Shumway Academy: Shumway Academy requires a 60 day notice of termination if withdrawing a student during the regular school year. Tuition will continue to be paid in full for 60 days unless Shumway is able to fill the empty spot. Shumway reserves the right to not fill the empty spot.

I AGREE TO PAY SHUMWAY ACADEMY ACCORDING TO THE ABOVE TERMS.

Contracting Family Information

Print Name: _____ Relationship to Student: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Signature: _____ Date: _____

We encourage parents to schedule doctor appointments and vacations around Shumway's scheduled breaks. Please note that we have an additional winter break during February to accommodate winter travel. When your student misses excessively, they become **apathetic or overwhelmed** because they are so far **behind**. This is especially the case in the modular classrooms. We are going to institute an attendance policy for the 2023/2024 school year. Students can miss 6 days total per trimester. We are only here 16 hours per week. It is imperative we use our time wisely.

Please sign and return this page to indicate that you have read and understand this policy. Please have your modular students read and sign as well. Thank you for your support. We love your students and want to see them succeed.

Parent Name: _____

Parent Signature: _____

Student Name: _____

Student Signature: _____

Student Name: _____

Student Signature: _____

Student Name: _____

Student Signature: _____

Shumway Modular Student Email Address School year 2024/2025

Each modular student needs a *working email address*. This means that the parent and student should record and know the email address and password in order to accept invitations to Canvas. Canvas allows the modular teachers to help students and parents track their grades and access make-up work when they are absent. The invitations must be accepted through your email account in order to be accessible to you. When you create the address, *please record both the address and the password somewhere safe and accessible to you.*

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

Child's Name: _____

IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) | _____ | <input type="checkbox"/> Hepatitis B | _____ |
| | Date | | Date |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) | _____ | <input type="checkbox"/> Hepatitis A | _____ |
| | Date | | Date |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) | _____ | <input type="checkbox"/> Meningococcal | _____ |
| | Date | | Date |
| <input type="checkbox"/> Measles (MMR) | _____ | <input type="checkbox"/> Varicella (Chickenpox) | _____ |
| | Date | | Date |
| <input type="checkbox"/> Mumps (MMR) | _____ | <input type="checkbox"/> Varicella Disease History: My child has had chickenpox but was not diagnosed by a licensed healthcare professional. | _____ |
| | Date | | Date |
| <input type="checkbox"/> Rubella (German Measles) (MMR) | _____ | <input type="checkbox"/> All required immunizations | _____ |
| | Date | | Date |
| <input type="checkbox"/> Polio | _____ | | _____ |
| | Date | | Date |

I decline to provide details regarding my child's exemption status. NOTE: Your child will be considered exempt from all required school immunizations.

MEDICAL EXEMPTION (This exemption requires the signature of a licensed physician.)

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

- This medical exemption is permanent.
 This medical exemption is temporary. Duration of temporary exemption: ____/____/____

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT)

Signature of Physician

Medical License #

Date

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Full Name of Exempted Child (PRINT)

Child's Date of Birth (Month, Day, Year)

RELIGIOUS/OTHER EXEMPTION

As the child's parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Full Name of Exempted Child (PRINT)

Child's Date of Birth (Month, Day, Year)

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document.

OPTIONAL STATEMENT:

As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date