South Kent School

2011-2012

Student Services Forms for

_____

(please print student name)

Important: All students and their parents are required to fill out the following forms in their entirety and fax them to

1-888-803-0040

or mail them to the address below, by ***July 15****.*

Dean of Student Affairs
South Kent School
40 Bulls Bridge Road
South Kent, CT 06785

South Kent School

September Arrival Form

All students must complete and return this form via mail or FAX to the attention of Dean of Student Affairs. Forms must be RECEIVED **no later than July 15, 2011**. If you have questions or concerns, please call (860) 927-3539, ext. 200. You may FAX this form to 1-888-803-0040. We look forward to seeing you in September!

Student Name:_____Form:_____

All students are to arrive at school on Wednesday, September 7, 2011 between 9:00 am and 3:00 pm

The School does not provide transportation to/from airports. Your options are:

❏ A family member or friend will drive me. I will arrive at South Kent at approximately _____.

❏ I will be arriving at the Harlem-Valley Wingdale Train Station. Please arrange for a faculty member to pick me up and take me to school.

My train departs Grand Central Station in New York City at _____,

and it arrives at Harlem Valley-Wingdale, New York at_____.

❏ I have made arrangements to have a limousine pick me up at the airport and take me to South Kent School. **If you require a car service to pick you up, you need to make arrangements with Kee Limo (860) 355-4509 or kenglund@keelimo.com.**

Please furnish the following information, so that we may assist in the event of a problem:

❏ I will arrive at the airport at approximately:_____

I will be flying into ❏ JFK Airport ❏ LaGuardia Airport ❏ Bradley International

Please print clearly:

Flight#:	
Airline:	
Time of Departure:	Time of Arrival:
Date of Departure:	Date of Arrival:
From:	

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SOUTH KENT SCHOOL

PARENTS' AUTHORIZATION

To: South Kent School's
Head of School
Director of Admissions
Dean of Academic Affairs
School Counselors

Date: _____, 2011

I/We hereby authorize any of the above individuals to review and inspect such of the academic, psychological and medical records relating to our son, _____ (a student at South Kent School), as they may require and as may come into their possession.

They are authorized to discuss these records and their implications with my son. They are further authorized to disclose the contents of such records, their implications and such recommendations as they may develop based on these records with such South Kent personnel and faculty, as they in their sole judgment deem appropriate.

I/we hereby waive such rights of confidentiality as we and our son may have relating to such records, such waiver, however, to extend only to those matters covered by the authority hereinabove granted.

I/we hereby represent that I/we have the right to sign this authorization.

_____

Signature of parent(s) or guardian(s)

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SOUTH KENT SCHOOL

PERMISSION TO USE STUDENT'S PHOTOGRAPHIC LIKENESS AND WORK – 2011-2012

South Kent School is understandably proud of its student body. It should come as no surprise that the School wants to spread the word about school life and about our students' talents by publishing, posting and/or recording for South Kent School publications and the School's website students' art, musical, video and literary work; students' accomplishments at school; and photographs of our students. We hope that you complete the permission form below, which enables South Kent to use these materials for school purposes. We also request that students eighteen years of age or older complete this form and return it to the School.

You must return this form. If you do not do so, the School will assume that you give your consent. A new form must be completed each year your son is enrolled at South Kent School.

Please complete either A or B below, then sign at the bottom:

A. I, _____, agree to permit South Kent School (the "School") and its designees to use the photographic likeness and/or artistic, musical or written work (the "Likeness and Work") of_____ (the "Student") for school purposes. I understand that the School may use the Student's Likeness and Work with or without associating the student's name. I further waive any claim for compensation of any kind for the School's use or publication of the Student's Likeness or Work. And, I hereby fully and forever discharge and release the School from any claim for damages of any kind arising out of the use or publication of the Student's Likeness or Work, and covenant and agree not to sue or otherwise initiate legal proceedings against the School for such use or publication. These grants of permission and consent, and all covenants, agreements, and understandings set forth here are irrevocable. I also understand that if any portion of this agreement is deemed to be ineffective, the remaining provisions shall continue to be effective.

Please provide us with the following information, so that we may send releases to your area newspaper regarding your son's special successes and accomplishments.

Hometown Newspaper Name: _____

Web Address: _____

Email Address: _____

OR

B. I,_____, will not agree to permit South Kent School and its designees to use the photographic likeness and/or artistic, musical or written work (the "Likeness and Work") of_____ _____ (the "Student") for school purposes.

Today's Date:_____

STUDENT (if 18 years of age or older)
Print Name: _____Signature: _____

PARENT/GUARDIAN
Print Name: _____Signature: _____

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South Kent School

Student Transportation Form 2011-2012

For the year 2011-2012, or until permission is changed by written notice from his parents,

_____
Student's Name

is granted permission to go on all School-sponsored trips, which may include, but are not exclusive to, trips to other schools, shopping malls, theaters, concerts, dances, performances, sporting events, and other events. He is also granted permission to ride in any chartered bus or common carrier, or in vehicles driven by, or under the direction of, the School faculty or staff and their spouses, and by any person approved by the Head of School or his representative. In addition, he may/may not ride in vehicles driven by or under the direction of:

Please check "yes" or "no" in each case

Yes	No	
❑	❑	An adult member of his family (including siblings, grandparents, uncles, aunts, cousins)
❑	❑	A parent of another student enrolled at South Kent School
❑	❑	An adult family member of another South Kent School student
❑	❑	The following named persons:

_____

_____

_____

Please note that while additional driving permission can be granted over the phone, the School may require additional confirmation before the travel is authorized.

By signing below, I understand and agree that while a student is away from South Kent School in the charge of a person not connected with the School, the School shall not supervise the conduct of the student, the School shall have no responsibility or liability for any actions, events, or conduct concerning the student while away from the School, and that the student shall have full responsibility for good behavior and return to the School at the appointed time.

It is recommended that you discuss these permissions with your son before completing this form.

Date:_____ Signed:_____
Signature of Parent or Guardian

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South Kent School

Business Office

Billing Statements

Student Name: _____

For the academic year 2011-2012, please indicate below if you prefer delivery of your son's billing statements by email. If you do not otherwise indicate, billing statements will be sent through the US Post Office.

❑ Yes, I'd prefer to receive billing statements by email. Please indicated correct email address below.

Parent/Guardian email address: _____

Alternate email address:_____

Allowance Permission

Please indicate the allowance amount per week which your son may receive: _____

Amount enclosed:_____

Note: Please review the Community Handbook for a detailed description of student allowance. If an occasion arises for which your son will need additional funds, please email permission to the Business Office at businessoffice@southkentschool.org.

Special Instructions: _____

_____

_____

Parent/Guardian Name (Printed): _____

_____/_____

Parent/Guardian Signature Date

Business Office use only:

❑ Check ❑ Cash ❑ Bank Wire Amount: _____

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South Kent School

Rooming Application

Name _____ Nickname _____ Date _____

Home Phone _____ Cell Phone _____ Email _____

If you already know other students and would like to request a specific individual(s) to room with, please name him/them.

1. 2.

If you are already familiar with the dormitory options and would like to request a specific dorm and room, please identify that location.

1. 2. 3.

Please circle the number that best describes you.

A night owl	1	2	3	4	5	morning person
Talkative and outgoing	1	2	3	4	5	reserved and quiet
Prefer to study in my room	1	2	3	4	5	other places
Prefer to study afternoon	1	2	3	4	5	late night
More people oriented	1	2	3	4	5	task oriented

Your room is usually (BE COMPLETELY HONEST!):

very clean moderately clean neat messy

Is there any other information that you can think of that will help us select a good roommate for you?

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