

HUDSON VALLEY SUDBURY SCHOOL

84 ZENA ROAD KINGSTON, NY 12401 PHONE: 845 679 1002 FAX: 845 679 3874
WWW.HUDSONVALLEYSCHOOL.ORG

VISITING WEEK PACKET

2007-2008 SCHOOL YEAR

Thank you for your interest in scheduling a Visiting Week at the Hudson Valley Sudbury School. In order for a visiting week to be scheduled, the enclosed forms must be completed and returned to the school along with the \$150 **non-refundable** Visiting Week fee.

If you have any questions, please feel free to contact us.

VISITING WEEK CHECKLIST

Please complete the attached forms before returning this packet to the school:

- _____ Visiting Week Request Form
- _____ Medical Consent Form
- _____ Emergency Contact Form
- _____ Supervision Policy Agreement
- _____ Photographic Release Form

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REQUEST FOR A VISITING WEEK

A Visiting Week consists of five (5) full days of attendance at the school. The purpose of the Visiting Week is to give the student an opportunity to experience the Sudbury philosophy and to determine if the school is right for them. During the Visiting Week, the student will be regarded as a School Meeting Member and is subject to all rules and policies of the School. **The Visiting Week must be completed within 5 days of its start except in the case of illness or other extenuating circumstances.**

Anytime during the Visiting Week, the student or student's family may request a meeting with the Enrollment Clerk if they have questions or concerns.

If, at the end of Visiting Week, the student and family wish to enroll in the school, they should notify the Enrollment Clerk. The Enrollment Clerk will schedule a 2nd meeting with the family. The purpose of the 2nd meeting is to discuss the visiting week and any questions or concerns, receive the Enrollment Contract, payment, and other items required for enrollment, and for the Family to receive additional information from the school. The school must receive the signed Enrollment Contract and required payment before the student begins attending.

STUDENT INFORMATION AND SIGNATURE:

Student Name: _____
Date of Birth: _____
Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION AND SIGNATURE(S):

This form must be signed by **ALL** parents/guardians who have legal custody of the student. I understand and acknowledge that the \$150 Visiting Week Fee is **non-refundable**.

Parent/Guardian: _____
Address: _____
Phone: _____
Signature: _____ Date: _____

Parent/Guardian: _____
Address: _____
Phone: _____
Signature: _____ Date: _____

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MEDICAL CONSENT FORM

We, the undersigned, understand that Hudson Valley Sudbury School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the School will: (1) attempt to contact the parents or legal guardians of the student; and (2) if, in the School's reasonable judgment, the student's condition warrants it, arrange to transport the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for our child by a licensed physician, nurse, paramedic, or hospital staff member.

Student Name: _____

This section must be completed by at least one parent/guardian.

Parent/Guardian: _____
Signature: _____
Date: _____

Please indicate if you have a preference of hospitals:

If the Student has any allergies, diseases, handicaps, disabilities or restrictions that should be known to the school, will you please describe them here:

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EMERGENCY CONTACT INFORMATION

SCHOOL YEAR 2007-2008

Student Name: _____
Date: _____

In the event of an emergency, the school may need to contact a responsible adult to pick up the student from school. Please provide us with a list of adults we can contact should such an emergency occur. We will start at the top of the list and continue down the list until we reach someone. **Please do not forget to include yourself and you must provide at least two contacts.**

CONTACT 1:

Parent/Guardian Name: _____
Relationship: _____
Phone Numbers: 1. _____
2. _____
3. _____

CONTACT 2:

Name: _____
Relationship: _____
Phone Numbers: 1. _____
2. _____
3. _____

CONTACT 3:

Name: _____
Relationship: _____
Phone Numbers: 1. _____
2. _____
3. _____

CONTACT 4:

Name: _____
Relationship: _____
Phone Numbers: 1. _____
2. _____
3. _____

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SUPERVISION POLICY AGREEMENT

Having gone through the interview process we are aware of the special nature of the Hudson Valley Sudbury School. We understand that the Hudson Valley Sudbury School **does not undertake a duty to directly supervise its students or those children here for visiting week.** It is our educational philosophy that all students, regardless of age, are independent and responsible individuals and therefore responsible for their own actions and activities.

Student Name: _____
Signature: _____
Date: _____

PARENT/GUARDIAN INFORMATION AND SIGNATURE(S)

This form must be signed by **ALL** parents/guardians who have legal custody over the student.

Parent/Guardian: _____
Signature: _____
Date: _____

Parent/Guardian: _____
Signature: _____
Date: _____

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PHOTOGRAPHIC RELEASE FORM

NAME OF CHILD(REN):

Yes, I hereby give Hudson Valley Sudbury School my consent to use photographs of my child(ren) for the purpose of promoting the school. I understand that these photographs are to be included in one or more catalogs, publications, audio-visual presentations, displays, exhibitions, web-sites, or advertisements.

SIGNATURE OF CHILD(REN):

SIGNATURE OF PARENT OR GUARDIAN:

DATE: _____

No, I do not give Hudson Valley Sudbury School my consent to use photographs of my child(ren) for the purpose of promoting the school.

SIGNATURE OF PARENT OR GUARDIAN:

DATE: _____