

Roots Public Charter School

ENROLLMENT AND SUPPORT AGREEMENT

I/We the undersigned hereby enroll _____ in the Roots Public Charter School (hereinafter "Roots") for the school year _____ through _____. I/We are in full agreement with the *Roots* mission, philosophy and parent involvement rules. I/We agree to abide by the policies that are outlined in the Parent/Student Handbook, which I/we have read and understand. I/We further agree and understand that enrollment is contingent upon my/our completion of a parent orientation session. This session is crucial to my/our understanding the school's structure/design, methodology, and what is expected of me/us in the effort to insure the school's success with my/our child/children.

I/We understand that *Roots* will take reasonable precautions for my child's health and safety. I/We give consent, without liability to anyone acting on behalf of *Roots*, to secure and provide first aid attention and to administer any medication/treatment that I bring to *Roots* for him/her. If my child becomes ill or involved in an accident and I cannot be contacted, I authorize the hospital or physician to give the emergency medical treatment required, and I/we take responsibility for any expenses incurred.

Hospital: Children's Hospital, 111 Michigan Avenue, NW, Washington, DC **OR**

Physician: _____ Phone: _____

I/We give *Roots* permission to use recorded images of my child, which include photographs and video recordings. I understand that these images may be used for various publications and media purposes, and that no compensation will be provided for their use.

I/We consent to having my child/children participate in all *Roots* field trips and school based activities without liability to anyone acting on behalf of *Roots*.

Accepted by:

_____	_____
Roots Administration	Date
_____	_____
Parent/Legal Guardian	Date
_____	_____
Parent/Legal Guardian	Date