

ROOTS PUBLIC CHARTER SCHOOL

ENROLLMENT AND SUPPORT AGREEMENT

I/We, the undersigned hereby enroll _____ to 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 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 of the school's structure/design, methodology, and what is expected of me/us in the effort to ensure the school's success with my/our/child/children.

I/We understand that Roots will take precautions for my child's health and safety. I/We give consent, sent, without liability to anyone acting on behalf of Roots, to secure and provide First Aid and administer any medication/treatment that I/we bring to Root for him/her. If my child becomes ill or involved in an accident and I/we cannot be contacted, I/we authorize Roots to take my/our child or send him/her by ambulance to the hospital for treatment.

I/We accept responsibility for any necessary expense in the medical treatment of my/our child, which is not covered by the following:

Health Insurance Company: _____

Policy# _____

I/We consent that my/our child/children can participate in all Roots' field trips and school-based activities without liability to anyone acting on behalf of Roots. I also consent to our family's participation in print, video, broadcast, or published media related to the school without compensation or ownership rights.

Accepted by: _____
Roots Administration Date

Parent/Legal Guardian Date

Parent/Legal Guardian Date

15 Kennedy Street Northwest, Wash, DC 20011

Phone: (202)882-8073 Fax: (202)-882-8075

www.rootspcs.org