



# TILDEN PREPARATORY SCHOOL

1231 Solano Ave  
Albany, CA 94706  
510-525-5506  
Fax: 510-525-5508

1475 N Broadway, Suite 200  
Walnut Creek, CA 94596  
925-933-5506  
Fax: 925-933-5507

1050 Bridgeway  
Sausalito, CA 94965  
415-944-2254  
Fax: 415-944-2258

www.Tildenprep.com

## Registration Form 2019-2020

Today's Date: \_\_\_\_\_

**Campus:** Albany Walnut Creek Marin

Full Time Part Time Tutoring Only

Is the student new to Tilden? Yes No

### Student Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex:  Male  Female

Student's Birthdate: \_\_\_\_\_

Gender Identification (optional): \_\_\_\_\_

Student's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Student's Email: \_\_\_\_\_

Student's Google Hangouts Email: \_\_\_\_\_

Student's Birth City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Current/Previous School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Expected Year of HS Graduation: \_\_\_\_\_

*Concurrent enrollment students: Permission from the primary school if needed?* Yes No

### Parent/Guardian Information

### Additional Parent/Guardian Information

Name (first & last): \_\_\_\_\_

Name (first & last): \_\_\_\_\_

Address: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip code \_\_\_\_\_

City: \_\_\_\_\_ Zip code \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Would you like us to schedule a substitute if your student's teacher is absent?** Yes No

We take photos of students at clubs and events for use in promotional materials such as our website, newsletter and other media. **Do you authorize Tilden Prep to use your student's photo for promotional use?** Yes No

Who referred you to us? \_\_\_\_\_

Please list the subject(s) that your student plans to study at Tilden and the days/times available:

Subject(s): \_\_\_\_\_

All Day(s) & Times Available: \_\_\_\_\_

Please provide any additional information about your student's learning style, suggestions for your student's instructor or other special circumstances. If your student has a documented learning difference, a 504 plan, or an IEP, please provide this information. Please provide us with a copy of any IEP, 504, or neuropsych report.

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## Parent Consent Form – 2019-2020

We are happy that you have chosen to enroll your student at Tilden Preparatory School for the 2019-2020 school year. Due to the combination of one-to-one and small group instruction and our mastery learning approach, we consistently see students make tremendous gains in their knowledge, study skills, and feelings of confidence and self-esteem. We have also found that as this approach is different from what parents are accustomed to, there can occasionally be misunderstandings. Please download and review our “Parent and Student Handbook” and “Policies and Fees” from [tildenprep.com](http://tildenprep.com). Below are some aspects of our program that we would like to make sure you fully understand and agree to. **Please initial each point below:**

\_\_\_\_\_ I understand that **Tilden is a mastery learning program** and the teacher will work with my student until they reach an 80% or higher level of mastery of the subject matter. If the pace is slowing down because of difficulty with this level of mastery, and if a mastery level of 70% (C) is acceptable to all concerned, Tilden will make this accommodation by written agreement.

\_\_\_\_\_ I understand that mastery learning means **my student’s course may take more or less time than the estimated number of hours per semester** noted in the Parent and Student Handbook (30-35 for most courses, 36-40 for lab sciences, 45-55 for AP courses). Completion rates vary based upon homework completion, attendance and timeliness, maintaining focus in class, prerequisite subject knowledge, and/or learning challenges that affect acquisition of course material. I understand that a repeated course may take less time than a new course, but this is dependent upon how much mastery was achieved and retained in the original course as well as the factors noted above.

\_\_\_\_\_ I understand that **Tilden can never guarantee an “A”**. Sometimes students who have received a “B” have a desire to work longer with the hope of raising their grade. If a student has retaken a final and has not successfully raised their grade from a “B” to an “A”, before they make a third attempt, there will be a conference with the parent, student, and Head of School to assess the student’s genuine interest in the material and readiness to work to a higher level of understanding.

\_\_\_\_\_ I understand that **there is a \$500.00 non-refundable deposit for full-time students and a \$200.00 non-refundable deposit for part-time and tutoring students due with registration forms**. If I have an existing Tilden account with funds exceeding the deposit due, I agree that the deposit may be deducted from my account. This deposit will be applied toward tuition and fees when the student begins their course(s). Registration forms will be processed and students will be scheduled only after the deposit has been received. For students registering after fall session begins, scheduling may take up to one week after all registration materials are received.

\_\_\_\_\_ I understand that **tuition is paid four weeks in advance** (based on estimated hours of instruction) for all classes and that **an additional a two weeks’ payment deposit is required**. I understand that if my student is enrolled at Tilden full-time, I will receive an email when my register has \$1,000.00 left in it to give me plenty of time to send payment. Whether my student is enrolled full-time, part-time, or for tutoring only, I understand that I will receive an email when my register has \$500.00 left and again when it is at \$250.00. I understand that once my register reaches \$0, I have until 5:00 p.m. to make a payment and that **if I do not make a payment by 5:00 p.m., my student’s class(es) will automatically be put on hold until I am able to do so**. I understand that if this occurs, Tilden cannot guarantee that my student will have the same teachers or time slots once the classes are reactivated.

\_\_\_\_\_ I understand that **it is my responsibility to log onto my student’s progress reports** to see how they are doing in their course(s). Please refer to the Parent Student Handbook for instructions on accessing the progress reporting system.

\_\_\_\_\_ I understand that **if my student will miss a class, I must notify my student’s teacher(s) and school administration by email before the start of class** in order to be charged the reduced rate of \$50/hr. I understand that **if I cancel more than five class hours within a semester course, I will be charged in full for further cancellations**.

\_\_\_\_\_ I understand that emails and/or phone calls to teachers beyond occasional, brief questions **will be billed at the regular hourly rate**.

\_\_\_\_\_ I understand that if my student’s teacher is absent, **Tilden will make every effort to arrange for a substitute teacher unless I designate my preference for no substitutes on this form**. If a substitute teacher is assigned and my student will be absent, I understand that I need to email the substitute and administration before the start of class in order to use a reduced rate cancellation.

\_\_\_\_\_ I understand that Tilden has a strict policy regarding cell phone use in school. **If my student takes a cell phone out during class or study hall, my student’s cell phone will be taken** for the remainder of the day and a parent will be notified. On a third occurrence, my student will be sent home for the remainder of the day and I will be charged for any remaining classes that my student has scheduled that day.

\_\_\_\_\_ I understand that **Tilden has a policy on academic integrity** and that if my student is found to have violated this policy, they will be subject to appropriate consequences as determined by the instructor and Head(s) of School.

\_\_\_\_\_ I am aware that **Tilden will create a course schedule for my student based upon the information I provide.** If my student will be attending Tilden full-time, I understand and accept that it is my responsibility to provide Tilden with the most up-to-date official transcript, which will be subject to review by the registrar. I agree to carefully review the course schedule that is provided for my approval before my student begins coursework.

\_\_\_\_\_ I understand that **if I need to discontinue courses, I need to provide two weeks notice by email to the Heads of School. I understand that I am responsible for payment for two weeks following notice to deactivate.**

\_\_\_\_\_ I understand that if I request an atypical schedule and Tilden is able to accommodate it, **the school may need to shift it in the future.**

\_\_\_\_\_ I understand that if my student will be attending Tilden full-time, **immunization records must be provided** before my student may attend class.

\_\_\_\_\_ I understand that if my student has not signed the handbook acknowledgement below, **a signature will be collected on the first day of class.**

\_\_\_\_\_ I understand that by signing this and other Tilden Preparatory School enrollment forms, **I acknowledge that I am responsible for knowing and understanding this information.**

\_\_\_\_\_ *Walnut Creek campus only:* I understand that **stopping to drop off a student in the thoroughfare in front of the school is strictly prohibited.** All student drop off or pick ups must be at a metered parking spot, parking lot, local parking garage, or library lot.

\_\_\_\_\_ *Marin campus only:* I understand that **parent or student parking and stopping to drop off or pick up a student in the school parking lot is strictly prohibited;** all parent parking, student parking, and student drop offs or pick ups must be off campus.

**I have read and fully understand the Tilden Parent Consent Form.**

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Handbook Acknowledgment

#### Parent Acknowledgment

I have reviewed the current Parent and Student Handbook for Tilden Preparatory School (available at [tildenprep.com](http://tildenprep.com) under Admissions, then Registration Forms) and I agree to follow the rules outlined therein.

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Student Acknowledgment

I have read the 2019-2020 Parent and Student Handbook and agree to abide by the stated rules. I understand that I am not to use the computers at school for any purpose other than to complete homework. In addition, I understand that I am not to have any illegal substances in my possession, or to use any illegal substances during my day at Tilden Prep, including during breaks and at lunch, or to misuse prescription medication. I agree to abide by the Academic Integrity Policy as outlined in the Parent and Student Handbook.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Policies & Fees Acknowledgment

I have reviewed the 2019-2020 Policies and Fees document (available at [tildenprep.com](http://tildenprep.com) under Admissions, then Registration Forms) and I agree to follow the policies described therein.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Emergency Evacuation Waiver

In the event of an evacuation, select 'Yes' if your child can leave campus independently or select 'No' if they are only allowed to leave campus with an authorized adult.

- Yes, in the event of an evacuation, my child has permission to leave campus independently
- No, in the event of an evacuation, my child is only authorized to leave with the following individuals:

*Please list persons allowed to sign student out of school along with relationship and phone number.*

	<u>Name</u>	<u>Relationship to Student</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

### Transcript Release

I hereby authorize Tilden Preparatory School to release my/my child's transcripts to designated schools or institutions upon my written request. I have read and agree to abide by Tilden's Transcript Policy. Permission to release transcripts is for the 2019-2020 school year.

- There is no fee for requesting a transcript. Registration fees cover the costs of issuing official transcripts.
- We require parents to approve their student's transcript (in person or by email) before we mail it.
- We require two business days for processing transcripts.
- For college applications, parents must provide stamped, addressed envelopes, as well as a list of institutions to which the envelopes are addressed.
- Official transcripts are mailed directly from Tilden Preparatory School to middle or high schools.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If over 18)



## TILDEN PREPARATORY SCHOOL STUDENT EMERGENCY INFORMATION

*Please fill out completely and sign where indicated. In a major emergency, it is school policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home.*

FIRST NAME		LAST NAME		M.I.
BIRTH DATE	GENDER IDENTIFICATION			

PARENT'S / LEGAL GUARDIAN'S FIRST NAME		LAST NAME		RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOME ADDRESS				CITY		ZIP			
CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:				
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
CELL									
WORK									
PARENT'S / LEGAL GUARDIAN'S FIRST NAME		LAST NAME		RELATIONSHIP TO STUDENT		LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOME ADDRESS -- IF DIFFERENT				CITY		ZIP CODE			
CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:				
HOME		EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work				
CELL									
WORK		GENERAL INFO							
<i>In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:</i>									
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	
NAME		RELATIONSHIP		HOME PHONE		CELL PHONE		WORK PHONE	

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, as parent/legal guardian of \_\_\_\_\_, a minor, hereby authorizes the Head of School or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to Tilden Preparatory School ("Tilden Prep") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until revoked in writing and delivered to Tilden Prep. I understand that Tilden Prep and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/legal guardian.

**HEALTH ALERTS: List any medical conditions that may restrict physical activity or require special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".**

MY CHILD IS <b>ALLERGIC TO THE FOLLOWING MEDICATIONS:</b>	
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:	
MY CHILD MAY TAKE THE FOLLOWING MEDICATIONS:	IBUPROFEN <input type="checkbox"/> ACETAMINOPHEN <input type="checkbox"/> ASPIRIN <input type="checkbox"/>

DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One)  YES  NO

HEALTH INSURANCE NAME	GROUP NO.	NAME OF DOCTOR / MEDICAL OFFICE	DOCTOR PHONE
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**I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.**

NAME (PRINT):	SIGNATURE:	DATE:
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**WE REQUIRE IMMUNIZATION RECORDS FOR ALL FULL-TIME STUDENTS**