

# Carolina Springs Academy

## Parent Checklist

**Please understand that the School will not accept any students unless the following items accompany or precede the student.**

1. The Originals of this entire Agreement – signed and completed.
2. If child is on any medication, please send at least one month supply.
3. In case of divorce, custody must be verifiable. If both biological parents are signing, no custody verification is necessary.
4. Copy of insurance card front and back.
5. Copy of Students Social Security Card.
6. Immunization Records.
7. Certified Birth Certificate.
8. Check for uniforms made payable to: Uniforms Unlimited in the amount of \$595.00

### **Teen Help must receive the following:**

1. A copy of this entire Agreement – signed and completed.
2. Check covering the first month's tuition and processing fee.  
Make check payable to Carolina Springs Academy for the following amount:  
**12 Month Option for Boys: \$5,690.00**

**Please send to:** Teen Help  
P.O BOX 3109  
St. George, Utah 84771  
FAX: 435-674-4830

**Signature**\_\_\_\_\_

This sheet needs to be signed and returned with the enrollment agreement.

# CAROLINA SPRINGS ACADEMY

## ENROLLMENT AGREEMENT

**THIS ENROLLMENT AGREEMENT**, by and between CAROLINA SPRINGS ACADEMY a Boarding School in the State of South Carolina (hereinafter “the School”), and \_\_\_\_\_ and \_\_\_\_\_ (hereinafter the “Sponsors”), is made in consideration of the following mutual promises and covenants of the parties set forth in this Agreement:

1. **SPONSORS.** The Sponsors affirm that they are the legal guardian (having both legal and physical custody) of \_\_\_\_\_, (hereinafter the “student”), whose birth date is \_\_\_\_\_, 19\_\_\_\_\_, and that the Sponsors expressly desire to contract for enrollment of the student in the School according to the terms of this Agreement.

2. **ENROLLMENT.** The Sponsors acknowledge that they have had the opportunity to have any of their questions answered by representatives of the School. Sponsors hereby enroll the student and upon the completion of this Agreement and acceptance by the School; the School promises under the conditions and limitations specified in this agreement, i.e. Items 1-39 to undertake and provide the following services:

- a. Academic Curriculum;
- b. Room and Board;
- c. Structured Environment;
- d. Supervision;
- e. Character Building Courses

Sponsors understand the Carolina Springs Academy is a **Boarding School** that has a structured environment, a personalized academic curriculum, and a number of character development courses all designed to help students succeed academically and personally. The Carolina Springs Academy is **not** a treatment facility, counseling-based institution, behavior modification program, or a correctional/rehabilitation center. As a result, the Sponsors understand that the Carolina Springs Academy is not recommended or equipped to provide services for students that are: **suicidal, psychotic, violent, assaultive, diabetic, schizophrenic, borderline personality disorder, severely dyslexic, illiterate, highly depressed, or have very low IQ, serious health problems, traumatic brain injury or any significant behavior, mental or emotional problems.** The School does not provide any clinical screening for these items and it is agreed that the Sponsors are responsible to properly screen for these items before enrollment. Furthermore, Sponsors understand that if at any time during the enrollment, the student demonstrates the need for a treatment or behavior modification program; the student may need to be transferred to an appropriate alternative. The Sponsors hereby agree to indemnify and hold harmless the Carolina Springs Academy for students that have any treatment, behavior, or medical needs as outlined above.

Sponsors understand and agree that the School will make changes in staffing, School content and services at their sole discretion. Therefore, the School does not accept responsibility for services written in sales material or brochures as such materials may be outdated or may become outdated as changes occur during the enrollment period. **The School also does not accept responsibility for any services represented orally by any of its Staff, Referral Agencies or public relations personnel; as any perceived oral representations can be a result of an honest misunderstanding. It is further understood and agreed that the School only takes responsibility for the services written in this agreement under the conditions and limitations specified in Items 1-39.** The Sponsors also understand and agree that the School makes no promise in terms of outcome or results.

Sponsors understand and agree that the business “**Carolina Springs Academy**” has sole responsibility for the performance of this contract and the general care and well being of the student. Therefore, the Sponsors agree to hold harmless and release from liability or damages any person or persons, agency, organization, or program that has referred the Sponsor to Carolina Springs Academy. Sponsor further agrees to hold harmless and release from liability or damages any person or persons, organizations, or businesses that provide contract services to the School.

3. **CONTRACT PERIOD.** This agreement is for a minimum period of **12 months** with monthly payments of Two Thousand Five Hundred Ninety Five (\$2,595) dollars paid in advance and due each month on the same day of the month as the student was enrolled. There is also a total discount of \$1,200.00 when payments for the 12 months or more are made at the time of enrollment and the student is enrolled for the entire 12 months. If the student is not enrolled for the entire 12 months, the Sponsors are obligated to give the school a ninety (90) day written notice (see Section 34) and the \$100.00 per month discount will be forfeited.

The contract period begins \_\_\_\_\_. **The Sponsors should understand the School has best results when the student completes the School’s Character Building Program.**

4. **TUITION.** Sponsors agree to pay upon admission to the School, a non-refundable payment which includes the first month’s payment equaling thirty days in advance, a one time uniform fee of \$595.00 and a one time up-front processing fee of \$2,500.00.

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

5. **PERSONAL INCIDENTAL COSTS AND EXPENSES.** In addition to monthly tuition, the Sponsor’s agree to pay for the following expenses incurred by the student; such expenses will be billed to the Sponsors monthly as they occur:

- A. Medical, dental, orthodontic, optical, urinalysis, medications, lab work, etc.
- B. Transportation to or from the School for any reason
- C. Clothing and Uniforms
- D. Hair cuts, etc.
- E. Postage
- F. All phone calls from the student or the School
- G. Supervision and Transportation costs for special needs or activities that are separate from the regular School (i.e., doctor and dental appointments, travel to and from airports).
- H. All students on medication prescribed by a psychiatrist require additional ongoing Doctor’s review, which results in a cost to the Sponsors of \$75.00 for a simple medication review to \$100.00 for an involved patient understanding and motivational review every 90 days.  
**Parents collectively share the Doctor’s transportation expenses to and from the School.**
- I. The School’s services do not include any formal individual therapy sessions. Individual therapy sessions, while usually not needed or recommended, can possibly be obtained from an Independent Contractor for approximately \$100.00 per session. The Independent Contractor must be approved by the School. The Sponsors agree that the School shall not be responsible or liable for any services provided by an Independent Contractor.
- J. Other expenses related to the well-being or needs of the student not otherwise provided in accordance with this agreement.

6. **UNUSUAL COSTS.**

- a. **Professional Intervention:** Sponsors agree if the staff ever feels that the student is volatile or needs professional intervention, the School has permission to have the student

immediately seen by a Professional. Sponsors agree to pay the fees of the professional normally \$100.00 per session.

- b. Discharge Report: If the school so chooses, Sponsors agree to pay for a discharge report when the student leaves the school, completed by a professional normally \$100.00.
- c. Responsibility for damage to or loss of property caused by the Student: Sponsors agree to be financially responsible for the costs of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by their student that are not covered by insurance. Such costs will be billed to the Sponsors at the time such damages or loss occurs and shall be paid by the Sponsor within fifteen (15) days of receipt of the bill.
- d. Expenses for assistance in the return of a student absent without authorization. In the event that the student leaves Carolina Springs Academy without authorization, Carolina Springs Academy will use reasonable efforts at the request of the Sponsors to assist the Sponsors in finding the student and in obtaining their safe return. An accounting of the expenses incurred by Carolina Springs Academy while assisting the Sponsors in finding and returning the student will be made to the Sponsors. **SPONSORS WILL BE RESPONSIBLE FOR SUCH EXPENSES.** Sponsors also understand and agree to be responsible for any damages to the community or its citizens caused by the child during the absence without authorization.
- e. Cost of collections, attorney fees, and interest. Sponsors agree to pay the costs of collection of any amounts due under this agreement, including reasonable attorney's fees, whether or not legal action is commenced and in addition to pay all penalties plus interest (1 ½ percent per month) on all sums not paid within five (5) days after the due date.

7. SPONSORS' CONSENT TO STUDENTS PARTICIPATION IN ENTIRE SCHOOL.

Sponsors give their consent for the student to participate in all activities of the School, including, but not limited to: activities, work assignments, fitness programs, and field trips.

8. INSURANCE. The Sponsors shall provide health insurance coverage for the Student during the initial or any extended Enrollment Period. A copy of the health insurance policy must be provided to the School at least seven (7) days prior to the student's arrival at the School, and it shall be the Sponsor's responsibility to maintain the health insurance policy in full force and effect during the initial or extended enrollment period. In the event any health insurance policy is terminated for any reason or new coverage is obtained, the Sponsors shall notify the School immediately and furnish a copy of the policy. In the event the School learns that there is no health insurance coverage of a student for any reason, the School may, but is not required to, obtain an appropriate health insurance policy at the Sponsor's expense for the student. Whether or not the School obtains a health insurance policy, the School may return the Student to the Sponsors' custody at the Sponsors expense.

9. SUPERVISION. Sponsors understand the amount of supervision varies with each student depending on the child's current status. The School provides a high level of supervision but it is understood that the supervision provided, regardless of status, does not guarantee that accidents, injuries, self harm, fighting, acts of physical aggression, runaways, suicide attempts, sexual activity or use of alcohol, tobacco or other harmful substances cannot happen. These risks are present in any segment of society no matter how closely supervised or protected.

10. EDUCATIONAL SEMINARS AND WORKSHOPS. Carolina Springs Academy provides a number of educational seminars and workshops designed for character building. The Sponsor understands and agrees that Carolina Springs Academy, at its sole discretion or need, may at any time change the amount of seminars or workshops provided for the student or family. This includes

changes, reductions, suspensions, or elimination of any seminars or workshops provided for the student or the family. Seminars and workshops are only available to the student and the student's family as long as the student is currently enrolled at the school.

11. ACADEMICS. The Sponsor understands and agrees that while the School provides an Independent Study system that can allow the student to accelerate their completion of courses and academic competency; the School course completion is not awarded by time in class, but only for work completed and competency achieved. Therefore, the Sponsors understand and agree that the School cannot ensure, nor be liable, for how quickly the student will complete courses, or that the student will complete courses in any certain subjects, or that the student will complete courses on any kind of accelerated basis, or that the student will even complete any courses at all. Sponsors also understand that since Carolina Springs Academy is a private school and the academic courses are part of an Independent Study program, all teachers/tutors working with the students may not need or have the same credentials as a public school teacher. The Sponsors further understand that any specialized or individualized tutoring, if available, may result in additional costs or charges to the Sponsor (any such tutoring would be approved by the Sponsors in advance). Sponsors understand that the ultimate acceptance of any course work, credit or diploma is the prerogative of each individual school district, college or university. Sponsors understand and agree that the School makes no promises or guarantees concerning results, proficiencies, testing, accreditations, teacher credentials, credits, diplomas, course offerings, time in class, or teacher student ratios as these things may and do change from time to time.

12. MEDICATION. The Sponsor understands that all medication is self-administered by the student under the general supervision of non-medical staff members. The Sponsors further understand because of the difficulty and logistics involved with medications, it is possible there may be times the Student may not have access to medications for certain periods of time. The Sponsors understand that because all medication is essentially self-administered, problems or mistakes are possible. For these reasons, enrollment in Carolina Springs Academy is not recommended in cases where medications are paramount to the student's physical, mental, or emotional well being. Therefore, the Sponsors understand these risks and agree to hold harmless and release "Carolina Springs Academy" and its staff, from all liability or damages associated with medications.

13. MEDICAL INTERVENTION. The Sponsors understand that the School staff has to make numerous decisions about when to seek medical/dental help for students ranging from small to serious ailments, injuries, or needs. The Staff try to make decisions taking into consideration a balance between added costs to the parent for medical care, and true medical need of the Student. The Sponsors, therefore, understand the School Staff, like any parent, can miscalculate the timing or need of medical intervention. It is understood that the School Staff make these "judgment calls" in a good faith effort for, and in behalf, of the parents. Any such "judgment calls" are subject to human error, especially since many of these judgment calls would have to be made by non-medical staff. The Sponsors understand and agree that the School makes no representation and accepts no liability for the performance of any physician, dentist, clinic, or hospital to which the student is delivered for medical intervention. The Sponsors understand these risks and agree to hold harmless and release Carolina Springs Academy and its staff from all liability associated with medical care.

14. UNAUTHORIZED ACTIONS OF EMPLOYEES. The Sponsors understand and agree that the School can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. This does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment. The Sponsors, therefore,

agree to hold harmless and release to the School from all liability or damages for any actions of the School's Staff or employees that act outside the training they have received or the scope of their constituted responsibilities or realm of their employment.

15. TRANSPORTATION. Sponsors understand that there is some transportation and the risk of vehicle failure and/or the risk of traffic or airline accidents are always present. Sponsors give the School permission to transport the student as determined by the School.

16. RESPONSIBILITY FOR STUDENTS PROPERTY. The Sponsors understand that anything sent that is not on the "Things to Bring" list will be confiscated with no guarantee of return. For this reason, the School recommends that expensive or sentimental items are left at home or are at the school only at the sole risk of the student or Sponsors. Each student shall be solely responsible for the care of their property. The Sponsors agree that the School shall not be responsible or liable for loss as a result of damage, lending, misplacement, or theft of the student's property. The Sponsor agrees that the School is not responsible or liable for items left behind on visits, leaves, or when the student exits the School.

17. RESPONSIBILITY FOR INJURIES, ACCIDENTS, OR ILLNESSES. Many of the activities in which the student may participate involve some risk. There are also some inherent risks of illness, including, but not limited to; illnesses that are contagious, illnesses or health risks that are common to the geographic location, illnesses connected to food services, etc. There is also risk of acts of nature, etc.

18. STAFFING. As stated earlier, Carolina Springs Academy is not a treatment facility, therefore; Sponsors understand that staff members are hired not necessarily by credentials but to provide supervision and carry out the structured environment designed to benefit students at Carolina Springs Academy.

19. AUTHORITY TO ACT. Carolina Springs Academy may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress of the student, including but not limited to; (decisions in your place and stead), consent for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind. The School may also authorize the Student to receive urinalysis, blood tests, or other lab work as it deems appropriate.

20. AUTHORIZATION FOR SEARCH. Sponsors hereby give consent and authorize the School to search personal effects and person of each Student. The School is hereby authorized to confiscate any and all items deemed, by the School, to be contraband. The School will dispose of all contraband items. The Sponsor understands and agrees that the School will not be responsible for the care or return of confiscated items.

21. AUTHORIZATION FOR DRUG SCREENING. Sponsors hereby give consent and authorize the School to administer to the child a routine urinalysis or blood test for drugs. The Sponsors agree to pay for such expenses.

22. AUTHORIZATION FOR STRUCTURED ENVIRONMENT. The Sponsors understand and authorize the School to maintain a strict code of conduct including rules on dress, hair cuts and grooming, interaction with others, language, use of manners and appropriate attitudes and actions. Consequences for Rule Violations include, but are not limited to; demerits, loss of privileges, loss of status, essays, work hours, work sheets and study hall. The Sponsors further understand and

authorize the School to suspend the Student from their regular schedule and activities including school classes, until they complete any and all necessary essays, worksheets, study hall time and/or other disciplinary assignments. The Sponsors also understand and authorize that all essays, worksheets and study hall time are completed in a designated area within the facility where students have minimal distractions and interaction with peers until they complete their worksheets, essays and study hall time. The Sponsors authorize the School to apply the Rules and Consequences described here-in and any other deemed by the School to be necessary.

23. AUTHORIZATION FOR REWARDS AND INCENTIVES. The Sponsors understand and authorize the School to provide rewards and incentives to motivate the students. Rewards and incentives include, but are not limited to; earning merits, privileges, trust, and status advancements. The Sponsors authorize the School to apply the Rewards and Incentives described here-in and any other deemed by the School to be necessary.

24. AUTHORIZATION FOR STUDENT LEADERSHIP PROGRAM. Student Leadership includes the student functioning as a Bunk Leader, Bunk Assistant, or Facility Leader. We have found these opportunities for Student Leadership to be a very effective part of the overall School. The students learn and grow as they develop leadership skills. The Sponsors hereby acknowledge that they understand and authorize the Student Leadership Program as designed by the School.

25. AUTHORIZATION FOR INTERVENTION. If the student is a safety concern to themselves or others, the Sponsors authorize the School to place the student in the Intervention Office away from the interaction of others, where he/she will remain under the close supervision of a staff member until such time that the staff feel the student is no longer a significant danger to himself/herself or others. The Sponsors understand that all such decisions are judgment calls and are open to human or judgment error. During the Intervention period, the Sponsors authorize the staff to take whatever safety precautions are deemed necessary.

26. AUTHORIZATION FOR PHYSICAL INTERVENTION. Sponsors hereby give consent and authorization to the School personnel to physically intervene, control and detain the student for and including, but not limited to, the following purposes: To prevent the student from jeopardizing the safety of self or others, to prevent the flight of the student into a dangerous or unsupervised situation or to prevent the destruction of property. The Sponsor authorizes the School to use non-violent crisis intervention techniques to insure a safe, positive environment for each student.

27. LIVING ARRANGEMENTS. Students live in on-campus dormitories supervised by dorm parents. Living conditions consist of basic dorm or group living style inhabitation. Living standards are consistent with the local geographic location where the school is located which may be significantly different from the living conditions and standards at the students' home. Sponsors understand this and agree to these conditions and standards.

28. THE SCHOOL OPERATES AS AGENTS FOR SPONSOR. The Sponsors hereby agree that the School and its staff operate in behalf of, and as agents for, the Sponsors. The Sponsors affirm they are the legal guardian and have physical custody of the student. Any restrictions or curtailments of the student's privileges or rights as outlined and authorized in this Enrollment Agreement, are done by the School or its staff in behalf of, with permission of, and as agents for, the Sponsors.

29. INSURANCE REIMBURSEMENTS. Unless otherwise stated in writing, Carolina Springs Academy takes no responsibility for the approval or processing of insurance reimbursements, payments, or billings. The Sponsors also understand that the School is not designed for normal

approval for insurance funding and that the School's paperwork and documentation do not meet the criteria that most insurance companies require for funding. Insurance approval for the School is normally only granted on an "out of policy" or "exception to policy" basis. Insurance approval is very unlikely, therefore, the Sponsors agree to maintain the fee schedule while any reimbursements or payments are being approved or processed. Sponsors agree to reimburse CAROLINA SPRINGS ACADEMY for insurance billings at a rate of \$200.00 for each month billed.

30. PAPERWORK. Sponsors understand that the School wishes to utilize its resources in working closely with the students rather than spending a lot of time and resources in Administrative and Bureaucratic duties. Therefore, the School keeps, maintains, and retains only minimal records and paperwork. The Sponsors understand and agree to accept whatever records and paperwork the School, in its sole discretion, deems necessary to keep, maintain or retain.

31. CHOICE OF JURISDICTION, LAW AND OTHER MATTERS. SPONSORS AGREE TO BE SUBJECT TO JURISDICTION OF THE COURTS OF THE STATE OF SOUTH CAROLINA IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction and services rendered within the State of South Carolina. Therefore, the parties agree that the State of South Carolina law shall govern this Agreement. Moreover, the parties agree that all disputes and/or claims may only be filed in South Carolina and are under the jurisdiction of the courts of South Carolina. In the event any part of this Agreement is determined to be invalid or unenforceable, the remaining provisions of this Agreement shall remain valid and enforceable according to applicable law.

32. INDEMNIFICATION. Sponsors shall indemnify Carolina Springs Academy and all of their owners, operators, managers, agents, employees, contractors, sub-contractors and consultants and hold them harmless from and against any and all legal actions or proceedings that may be instituted as a result of the student's enrollment in the School. This indemnification includes any liability, loss, costs, expenses or damages. Expenses shall include, but are not limited to; all reasonable attorney fees, court costs, other legal costs, expenses or damages resulting out of any action taken by either parent and/or guardian; third party; or student, even anytime after the age of majority. All expenses shall be paid by the Sponsors.

In cases where Carolina Springs Academy is the prevailing party, Sponsors shall also indemnify Carolina Springs Academy and all of their owners, operators, managers, agents, employees, contractors, sub-contractors, and consultants and hold them harmless from any and all legal actions or proceedings that may be instituted by the Sponsors. This indemnification includes, but is not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages.

Sponsors have read the foregoing clause for indemnity and understand the meaning of this clause and what Indemnification means; to restore the individual of a loss, in whole or in part, by payment; to same harmless; to secure against loss or damage.

33. AGREEMENT RENEWAL. This Agreement is automatically renewed if the Student remains at the School past the enrollment period.

34. EARLY ENROLLMENT TERMINATION.

A. Liquidation Provision. The School recognizes and affirms that since Sponsors maintain all parental authority and responsibility, Sponsors can remove the student at will. However, the Sponsors agree to the follow term:



Twelve (12) month minimum Enrollment Period. If a student leaves before the 12 months, the Sponsors agree to give the School, in care of Optimum Billing Services, a ninety (90) day written notice via certified mail prior to the actual withdrawal or to pay to the School an amount equal to ninety (90) days payment and the tuition rate as of the day of notice is received will be the same as the non-discounted trial tuition rate. The payment of ninety (90) days at the non-discounted trial tuition rate is considered by the parties to this Agreement as a reasonable pre-estimate of the probable losses which would be sustained by the School in the event of a withdrawal of the student prior to the end of the period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the student, but is intended to reimburse the School for the 12 month discounts given to the parents and the costs or budgeting commitments made by the school in connection with the enrollment of the student. This clause will be waived should the student transfer to another facility recommended by the school or Admission Company servicing this enrollment agreement.

In lieu of certified mail, Sponsors may notify the School through Optimum Billing Services through; mail, fax, email, or phone as long as Sponsor receives email verification from Optimum Billing Services that they have received the notice. Again, notice must be made via certified mail to Optimum Billing Services unless the Sponsor receives email verification that Optimum Billing has received the notice. Notices must be made to: Optimum Billing Services, 50 South State Street, La Verkin, UT 84745, Fax number is 435-635-2778, E-mail address is [administration@optimumbillingservices.com](mailto:administration@optimumbillingservices.com), Phone Number is 435-635-2390. If Optimum Billing receives a ninety (90) day notice via fax, phone call or E-mail, a representative at Optimum Billing will contact the Sponsor via E-mail to confirm the receipt of the notice. The Sponsor agrees that if they do not receive an E-mail confirming the receipt by Optimum Billing, the Sponsor will need to contact Optimum Billing at 435-635-2390 to request another confirmation be sent. The Sponsor further agrees that failure to receive the confirmation of receipt (either by certified mail receipt or via E-mail) by Optimum Billing may result in the ninety (90) day notice not being honored by the School. It is therefore imperative that the Sponsor contact Optimum Billing if the Sponsor does not receive confirmation that the ninety (90) day notice has been received by Optimum Billing.

In cases where one parent/guardian would like to remove the student, but the other parent/guardian wants the student to remain in the School, it is agreed by all parties that the student will remain in the School and not have their progress interrupted until a proper court hearing can be held and a decision is made by the court. All parties release and hold harmless the School for its fulfillment of this agreement.

**B. Involuntary Early Termination.** Sponsors agree to the following terms:

- I. The School reserves the right to terminate the enrollment of any student, if at the sole discretion of the school; the student is not a suitable resident of the school. (Parents will not be obligated to the withdrawal obligations set forth in Section A Early Enrollment Termination)
- II. The School reserves the right to terminate the enrollment of any student at any time for any reason at the sole discretion of the school. (Parents will not be obligated to the withdrawal obligations set forth in Section A Early Enrollment Termination)
- III. The School reserves the right to terminate the enrollment of any student, if the parents violate school policies. (Parents will be obligated to pay the tuition for the remainder of the enrollment period or the additional ninety (90) days obligation period set forth in Section A Early Enrollment Termination)

- IV. If the monthly payment is more than five (5) days late, the school may, at its option, immediately return the student home. (Parents will be obligated to pay the tuition for the remainder of the enrollment period or the additional ninety (90) days obligation period set forth in Section A Early Enrollment Termination).

The Sponsors understand and agree that in the event a student's enrollment is involuntarily terminated, the School shall attempt to contact the Sponsor and shall deliver the student to the nearest form of transportation or arrange, at Sponsor's expense, to transport the student back to the Sponsor's address. Sponsors understand and agree they shall be responsible for the tuition for the obligated period as previously outlined in Section A Early Enrollment Termination. Sponsors understand and agree they shall be responsible for any personal incidental costs and expenses accrued.

35. TERMINATION OF ENROLLMENT ON MAJORITY. Carolina Springs Academy is located in the State of South Carolina. The age of majority in the State of South Carolina is age eighteen (18). Sponsors acknowledge that the student may withdraw from the School at any time upon student's attaining the age of eighteen, without notice to, or consent of Sponsors. Carolina Springs Academy has no obligation or authority to require the student to remain enrolled. Sponsors release and indemnify Carolina Springs Academy from all claims, damages, causes of action, etc. in any manner relating to a student leaving the premises/school/program once the student reaches the age of eighteen and Sponsors acknowledge that Carolina Springs Academy has no obligation or duty to the Sponsors or the student regarding the manner in which the student leaves, destination, method of travel, notification of parents or other persons, etc. Sponsors further acknowledge that Carolina Springs Academy may terminate the enrollment of any student on or after the student's eighteenth birthday at Carolina Springs Academy's sole discretion if Carolina Springs Academy deems it inadvisable to keep the student enrolled in the School and that such termination may be without prior notice to either Sponsors or the student.

36. PROTECTION OF COMMUNITY IMAGE. The Sponsors understand that upon leaving the School, their child will not go to School or live within 100 miles of Carolina Springs Academy, unless (1) permission is given in writing by CAROLINA SPRINGS ACADEMY, (2) their child is 18 years of age, or (3) the child is living with parents. Sponsors agree that failure to comply with this provision would result in the Sponsors being responsible for paying CAROLINA SPRINGS ACADEMY, the normal monthly fee for the period of time involved.

37. CONFLICT OF INTEREST. The Sponsors understand and agree under strict penalties of damages that they will not contract with any Carolina Springs Academy employees or former employees for any related or even non-related services while the student is enrolled in the School or upon discharge, or for a period of one year after the student is discharged from Carolina Springs Academy, without specific and written permission from the Administrator. The Sponsors also agree under the same penalties that they will not allow their child to live with or reside in the home of an employee or former employee, upon discharge, or for a period of one year after the student is discharged from Carolina Springs Academy, without specific and written permission from the Administrator. Sponsors hereby agree that failure to comply with this provision would result in the Sponsors being responsible for paying Carolina Springs, the normal monthly tuition fee for the period of time involved.

The Sponsors understand that upon leaving the School, their child will not go to School or live within 100 miles of Carolina Springs Academy for a period of one year, unless (1) permission is given in writing by the Administrator of CAROLINA SPRINGS ACADEMY, (2) their child is 18 years of age, or (3) the child is living with parents. Sponsors agree that failure to comply with this provision would result

in the Sponsors being responsible for paying CAROLINA SPRINGS ACADEMY, the normal monthly tuition fee for the period of time involved.

38. PARTIAL INVALIDITY. If any provisions of this agreement are held to be invalid or unenforceable, all the remaining provisions shall, nevertheless, continue in full force and effect.

**39. SCOPE AND MEANING OF AGREEMENT.** Sponsors hereby acknowledge that they have read the entire Enrollment Agreement and that they understand and agree to its provisions. The Sponsors understand that this is a legal and binding Agreement, and that this Agreement constitutes the entire Agreement between parties. Any changes or adjustments must be written on a separate sheet and signed by both the Sponsors and the Administrator of the School to be valid. Any changes or alterations penciled in, typed or written, on this original enrollment agreement are not recognized or valid.

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the last date set forth below.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Sponsor  
(Father or Guardian)

\_\_\_\_\_  
Signature of Sponsor  
(Mother or Guardian)

\_\_\_\_\_  
Address of Father/Guardian

\_\_\_\_\_  
Address of Mother/Guardian

**Please Note:** A completed contract requires **two signatures** (both guardians/parents). In the event the legal guardians of the student are separated or divorced, both parent's signatures are required on the Enrollment Agreement unless the Enrollment Agreement is accompanied by legal custody papers specifying who has custody. If both signatures are not on the Enrollment Agreement, or custody papers are not submitted with the Enrollment Agreement upon admission, the Enrollment Agreement will be considered incomplete and the child **will not** be admitted into the School.

# **ADDENDUM #1**

## **PAYMENT AND REFUND POLICIES**

The fee schedules remains as stated above throughout the entire course of the student's enrollment in the School. Monthly payments do not adjust to the student's status in the School, nor the services offered. The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE SCHOOL**, whether or not the Student's absences are authorized by either the Sponsors or the School.

Credit Card Companies charge the School a 2% service charge for all payments made by credit card. Therefore, the School may at their option, collect the 2% service charge in addition to the amount of any payments made by credit card.

Personal incidental costs and expenses will be billed monthly in addition to the monthly payments stated above (see Item #5 of the Enrollment Agreement).

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

Each payment must be made in advance. Payments are to be no more than six days late. A one hundred dollar (\$100) Service Charge will be applied to the account if payment is received more than five days late. Once the monthly payment becomes more than ten days late the payment will no longer be considered a cash in advance payment and the daily rate will return to one hundred fifty dollars (\$150.00) per day.

If Carolina Springs Academy does not receive your remittance payment within three days after your due date, we will **overnight** a letter to you. Carolina Springs Academy will also enclose a return envelope to use for your payment. A charge of \$40.00 dollars will be billed to your account to cover the cost of the overnight service. This will be far less expensive than the significant daily penalties that occur if the payment is not received within five days of the due date.

The Sponsors understand and agree that if a check is returned to Carolina Springs Academy a charge of \$100.00 dollars will be billed to your account to recover our cost of special handling and return check services fees.

The Sponsors understand and agree to all of the Payment Policies. The Sponsors agree to be responsible for all penalties and service costs connected to this agreement. The Sponsors also agree to be responsible for all collection costs including attorney fees and reasonable interest should the School need to take steps to collect any amounts owed the School.

**Refund Policy.** Refunds will be processed 30 days after discharge to allow for all changes to be billed and funds from all payments to be made available by the payers financial institution. Once processes, refund checks will be mailed twice a month.

Refunds will be issued to a person on record. If a refund is due as a result of loan proceeds received directly from a lender, any such refund will be returned to the respective lender. In the situation where multiple payers are paying on the same account no calculations will be made by the School or its independent contactors to determine the allocable refund due each payer. If multiple payers are paying on the same account it will be the responsibility of the person on record receiving the refund to insure that the funds are appropriated correctly. All parties release and hold harmless the School and its independent contractors for their fulfillment of this agreement.

\_\_\_\_\_  
**Date**

**SPONSORS:** \_\_\_\_\_  
**Signature of Sponsor**  
**(Father or Guardian)**

\_\_\_\_\_  
**Date**

**SPONSORS:** \_\_\_\_\_  
**Signature of Sponsor**  
**(Mother or Guardian)**

# **ADDENDUM #1 (CONT'D)**

## **Electronic Statements**

Optimum Billing Service's has the capability to send out your monthly invoice electronically via E-mail, as opposed to the monthly statements being mailed to you each month. If you would like to sign up for this service, please list the E-mail address where you would like to receive the monthly statements:

E-mail address: \_\_\_\_\_

Please add [customerservice@optimumbillingservices.com](mailto:customerservice@optimumbillingservices.com) as a recognized sender on your E-mail server as this will help prevent these invoices from being sent to a junk or spam box by E-mail filters. Also, please update Optimum Billing at the E-mail address above if you change your preferred E-mail or wish to start receiving paper statements through the mail. You may also contact Optimum Billing at 435-635-2390.

### **E-check Auto Payment Option**

The school is willing to give a \$20 monthly discount off the monthly tuition rate if a sponsor enrolls with the E-check monthly tuition auto pay program. If you desire to participate, please fill out the E-check information below (i.e. routing number, account number, etc. as listed above) and initial here: \_\_\_\_\_.

E-Check Bank account information:

Name on Account: \_\_\_\_\_

Routing number: \_\_\_\_\_ (should be 9 digits)

Checking/Savings account number: \_\_\_\_\_

Circle whether this is a:

Checking Account

Savings Account

Should you choose this option, Optimum Billing Services, LLC will debit your account number for the monthly tuition as well as any incidentals (less the \$20 discount) on the due date. The due date will be the same date each month and will be the date that your student enrolls at Carolina Springs Academy or the next business day if the due date falls on a weekend or holiday.

# CAROLINA SPRINGS ACADEMY

## ENROLLMENT QUESTIONNAIRE

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

Student SSN \_\_\_\_\_ Is child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Father's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email \_\_\_\_\_ (Email Address is required for BBS)

2. Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email \_\_\_\_\_ (Email Address is required for BBS)

3. Step Father's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Email \_\_\_\_\_

4. Step Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

5. Is family divorced Yes \_\_\_\_\_ No \_\_\_\_\_ If divorced, which parent has custody? \_\_\_\_\_

\_\_\_\_\_ (PLEASE ATTACH A COPY OF CUSTODY ORDER)

6. Home Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If counselor is to receive progress reports, please sign this paragraph as an authorization.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature

# ACADEMIC

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Student Lives With: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Student's SSN \_\_\_\_\_

If adopted, give date of adoption \_\_\_\_\_

Religious preference \_\_\_\_\_ Ethnic Origins \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Does Student have an IEP? Yes ☐ No ☐

Previous Schools starting with last school attended:

---

Name	Address	State	Zip
------	---------	-------	-----

---

Name	Address	State	Zip
------	---------	-------	-----

---

Name	Address	State	Zip
------	---------	-------	-----

Academic Performance: Behind Ahead Right on Track

If Student is behind or ahead, please explain: \_\_\_\_\_

Prior to placement at Carolina Springs Academy, your student was living:

\_\_\_\_\_ At home \_\_\_\_\_ with relatives \_\_\_\_\_ alone or with friends \_\_\_\_\_ private school

Date of Placement \_\_\_\_\_ Student Number \_\_\_\_\_

*Office use only*

*Office use only*

**PLEASE SEND A COPY OF STUDENTS BIRTH CERTIFICATE AND IMMUNIZATION RECORDS TO  
CAROLINA SPRINGS ACADEMY ACADEMIC DEPT: P.O. Box 199, Donalds, SC 29638**

# ADDENDUM #2

**Please rate and describe your child's past performance in the following areas**

## FAMILY

Relates well with brothers and sisters:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8

## AUTHORITY

Responds to parental authority:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8

## FRIENDS

Has a variety of friends:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8

## SCHOOL

School Attendance:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8

## COMMUNITY

Attitude toward community involvement:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8

## SELF IMAGE

Self image, attitudes, personal goals:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8

## CHURCH

Church activity:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>
1	2	3	4	5	6	7 8



# ADDENDUM #3

## FAMILY MEMBERS

Please list in chronological order all brothers, sisters, step and half brothers and sisters, living or deceased.

NAME	SEX	AGE	RELATIONSHIP	ADDRESS

List all others that have lived in your home during your child's in home residence or who are living in your home at this time.

NAME	SEX	AGE	RELATIONSHIP	ADDRESS

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ADDENDUM #4

**As we discuss issues with your child, we need to know what to expect in terms of their honesty.**

Does your child have a history of misrepresenting the truth?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments/Specifics: \_\_\_\_\_

\_\_\_\_\_

Is honesty a significant problem for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments/Specifics: \_\_\_\_\_

\_\_\_\_\_

As we discuss specific issues, such as your child's past problems, home situation, and the way they have interacted with the family, which best describes the information your child will give?

Please circle one:

1. The information my child gives would tend to be completely accurate.
2. The information my child gives could be fairly inaccurate.
3. The information my child gives might be significantly inaccurate.

Comments/Specifics: \_\_\_\_\_

\_\_\_\_\_

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**Parent Signature**

# **ADDENDUM #5**

## **MEDICAL CARE RELEASE**

We, the parents/guardians of \_\_\_\_\_ hereby authorize Carolina Springs Academy, P.O. Box 199, Donald, SC 29638, to obtain medical care for the student in the event of an illness, injury, or other emergency.

We further authorize medical and hospital treatment by a licensed physician to perform any procedures that he/she may deem to be medically appropriate for the students well being.

We also accept financial responsibility for any such medical care emergencies.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

# **ADDENDUM #6**

## **REQUIREMENT TO PROVIDE HEALTH INSURANCE**

Dear Sponsors:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the student, the parents, and the School, every student accepted for enrollment at CAROLINA SPRINGS ACADEMY must be covered by a health insurance plan provided by the parents or guardians. If your family does not currently have a health insurance policy, it will be necessary for you to purchase coverage for the period of your child's enrollment. A copy of the policy must be provided to the School and will be maintained in the student's file.

In addition, the School must have on file, signed health insurance claim forms (including dental, if available). Please be sure the employer and employee information sections are completed and forms are signed. The forms must be received prior to or at the time of the students enrollment.

If you have any questions regarding the above please feel free to contact us.

The undersigned Sponsors hereby represent and warrant that their student has the following health insurance policy in full force and effect and that such health insurance policy or an equivalent policy shall be maintained at all times the student is enrolled in the School:

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

### **INSURANCE INFORMATION**

PATIENT'S FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FULL NAME OF INSURED: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_ SSN#: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF EMPLOYER OR GROUP: \_\_\_\_\_

# ADDENDUM #7

## MEDICAL AND DENTAL HISTORY

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

YES NO

1	Is Child taking medications		
2	Has child been taking medications?		
3	Is child allergic to any medications?		
4	Is child allergic to any foods?		

DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY OF THE FOLLOWING:

5	Ear pain or hearing loss?		
6	Eye discomfort or sight loss?		
7	Frequent headaches?		
8	Dizziness or fainting spells?		
9	Hay fever or other allergies?		
10	Skin sores, rashes, or hives?		
11	Warts, moles, or swellings?		
12	Coughing or persistent indigestion?		
13	Stomach aches or persistent indigestion?		
14	Urinary burning or frequent urination?		
15	Sugar in the urine?		
16	Vaginal discharge?		
17	Painful menstruation?		
18	Venereal Disease?		
19	Tumor, cyst, growth, or cancer?		
20	Heart disease?		

**-Continued-**

## ADDENDUM #7 (CONT'D)

HAS YOUR CHILD EVER HAD:

YES

NO

21	Deformities of any kind?		
22	Diabetes?		
23	Asthma?		
24	Arthritis?		
25	Seizures, convulsions, or epilepsy?		

HAS YOUR CHILD EVER BEEN:

26	Suicidal?		
27	Sexually abused?		
28	Physically abused?		
29	Psychologically abused?		
30	Classified as neglected by welfare?		
31	Glasses or contact lenses?		
32	Special dietary needs?		
33	Orthopedic appliances including dental braces?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 1 THROUGH 33, PLEASE EXPLAIN:

Explanations if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HOSPITALIZATIONS AND SURGERIES IN THE PAST FIVE YEARS:

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_

Injury \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_

Injury \_\_\_\_\_ Result \_\_\_\_\_

# ADDENDUM #8

## DENTAL BRACES

If your student has braces and/or a retainer, do you wish, at your expense, to have regular check-ups by a local Orthodontist? If so, please sign this statement as an authorization for care.

Monthly Orthodontist care approved by:

Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## SPORTS

Are there any known physical conditions that would preclude your child from participating in sports or physical education classes?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# ADDENDUM #9

## THERAPY

The School does not provide any Professional Counseling or Therapy Sessions. The School is designed so that most students can succeed and make necessary changes without having to involve Professional Counseling or Therapy Sessions. However, if needed or desired, Professional Counseling or Therapy Sessions can often be arranged through an Independent Professional at \$100 per session.

Please check one of the following:

- ☐ We would like to see if Professional Counseling or Therapy Sessions can be arranged for our child.
- ☐ We do not feel Professional Counseling or Therapy Sessions are needed or desired at this time.

---

*Mother's Signature*

---

*Father's Signature*

---

*Date*

---

*Phone Number*

---

*Student Name*



# ADDENDUM #10

## RELEASE OF INFORMATION AND RECORDS

NAME OF STUDENT: \_\_\_\_\_

I/We, the undersigned, do hereby give consent to Carolina Springs Academy, to release information and records as categorized or detailed below, pertaining to the above-named student who is my child/ward.

Carolina Springs Academy is hereby given authorization to release such information to whomever it has reason to believe would use such information or records in the best interest of the above-named student; otherwise such information and records are to be held confidential.

Carolina Springs Academy reserves the right to withhold any and all school transcripts or documents pertaining to the student's academics until all financial obligations have been resolved and paid to the school. This will be verified by the schools billing office, Optimum Billing Services, LLC.

### TYPE OF INFORMATION/RECORDS

### SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Mother/Guardian*

# ADDENDUM #11

## RELEASE OF INFORMATION AND RECORDS

NAME OF STUDENT: \_\_\_\_\_

I/We, the undersigned, do hereby give consent to;

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

To release information and records to Carolina Springs Academy as categorized or detailed below, pertaining to the above-named student who is my child/ward.

### TYPE OF INFORMATION/RECORDS

### SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

### PLEASE SEND RECORDS TO:

**Carolina Springs Academy**

**PO Box 199**

**Donalds, SC 29638**

**FAX: 864-379-3515**

# ADDENDUM #12

## PERMISSION TO PHOTOGRAPH

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
DOB

**We authorize** the School to photograph the student for identification photographs for their file.

**We further authorize** the School to photograph the student in order to provide informational updates for the parents and photos to be placed on School Web-sites accessible to all School parents for the purpose of School and progress updates.

### OPTIONAL AUTHORIZATIONS:

I **authorize**\_\_\_\_\_/ **do not authorize**\_\_\_\_\_the School to photograph, video tape or interview the student individually for brochures, public relations, promotional videos, or other related Marketing purposes.

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Date*

# **ADDENDUM #13**

## **REQUEST FOR TRANSFER OF CONFIDENTIAL RECORDS**

This form is provided for the purpose of obtaining your child's school and psychological/psychiatric records.

Name of Student: \_\_\_\_\_ Birth date: \_\_\_\_\_

I hereby authorize CAROLINA SPRINGS ACADEMY to obtain from:

\_\_\_\_\_  
\_\_\_\_\_

All school and psychological/psychiatric records as defined by Public Law 93-380 and other federal laws pertaining to educational records.

PLEASE SEND THE FOLLOWING INFORMATION;

- \_\_\_\_\_ 1. Transcript of credit and classes to date
- \_\_\_\_\_ 2. Withdrawal grades, including incomplete classes.
- \_\_\_\_\_ 3. Test data, health records, and counseling information.
- \_\_\_\_\_ 4. Suggested course outline
- \_\_\_\_\_ 5. Units and courses required for graduation
- \_\_\_\_\_ 6. Any of the student's records pertaining to the psychiatric or psychological evaluation of the student.
- \_\_\_\_\_ 7. Special Education/Guidance Records
- \_\_\_\_\_ 8. Other: \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father/Guardian**

\_\_\_\_\_  
**Mother/Guardian**

**PLEASE SEND RECORDS TO:**  
**Carolina Springs Academy Academic Dept.**  
**P.O. Box 199**  
**Donalds, SC 29638**  
**FAX: 864-379-3515**

# ADDENDUM #14

## COMMUNICATION AND PROGRESS UPDATES BETWEEN THE FAMILY AND THE SCHOOL

The Sponsors understand and agree that the Family Representative will set a regularly scheduled phone call, for the purpose of coordination of updates and progress reports. The norm for these regularly scheduled phone calls is every two weeks, however, your Family Representative will establish the schedule on an individual basis, but not to be more often than one a week. Due to scheduled office hours, other previously scheduled phone calls, scheduled meetings, and other various commitments working with students, there may not be much flexibility for your Family Representative in scheduling your regularly scheduled phone calls. Sponsors understand they are responsible to call the Family Representatives at their regular scheduled time. Sponsors also understand and agree that if they are unable to call the Family Representative during the scheduled time, they will need to call at the next scheduled time.

Sponsors further understand and agree that except in cases of emergency, Family Representatives have prior scheduling commitments that do not allow them to receive or make calls in between regular scheduled phone calls; however, your Family Representative may be contacted by email, if needed, between scheduled phone calls. Any calls from the Family Representative to the parents would only be for some special purpose, and would be made on a **collect basis**. The Sponsor understands this and agrees to hold harmless and release the School of any liability or damages resulting from communication problems.

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*Father/Guardian Signature*

---

*Mother/Guardian Signature*

*Date:* \_\_\_\_\_

# ADDENDUM #15

## COMMUNICATION WITH STUDENTS

Sponsors understand there is no telephone contact with the student until the student has obtained Advanced Status which normally takes 60 to 120 days or longer. It is very important the Student earns this privilege. During the first 60 to 120 plus days, both the Sponsor and Student may write as often as they choose but telephone calls are not allowed as they are disruptive to the students' progress and it distracts their focus in the School. Once the students have demonstrated their progress in the School by obtaining Advanced Status, monthly telephone calls with the Sponsors become an important part of the School. **We recommend your first visit is the Parent/Child I (PCI) workshop held at the School.** You will be scheduled for a PCI shortly after your child has been in the school 7 months. Other criteria are the student must complete Focus and the Parent must complete Discovery. Upon review and approval of the School, a PCI can be scheduled earlier if both the parent and the child have completed Focus. It is also important that we set an example by adhering to the School rules ourselves. For this reason **we ask that you REFRAIN FROM REQUESTING ANY EXCEPTIONS, as it negatively affects not only your child's progress, but the other students in the School. This was agreed to as part of our accepting the student in School.** Sponsors understand and agree to follow the School's visit and communications policies. Sponsors further agree that if they violate the School's communication and visit policies the School may, at their option, discharge the student, and yet still hold the Sponsors financially accountable and responsible for the tuition on the remainder of the contract period and/or the time that would equal proper written notice.

---

*Father/Guardian Signature*

---

*Mother/Guardian Signature*

---

*Date*

# ADDENDUM 16

## TELEPHONE CALL POLICY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

In an effort to keep our fees as low as possible, any telephone calls made to the parents by the student or staff (Pertaining to the child's care, disposition, and education) will be made on a collect-call basis or by using a credit card call number submitted to the parents.

I/We the undersigned, do hereby give my authorization for Carolina Springs Academy officials to make collect telephone call/or credit card calls to the numbers listed below, as necessary to discuss my child's care, disposition, education, or treatment.

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Home phone number*

\_\_\_\_\_  
*Work phone number*

\_\_\_\_\_  
*Father's Signature*

\_\_\_\_\_  
*Home phone number*

\_\_\_\_\_  
*Work phone number*

\_\_\_\_\_  
*Family Therapist/Counselor*

\_\_\_\_\_  
*Home phone number*

\_\_\_\_\_  
*Work phone number*

---

---

**OPTION: (Select one)**

       **Collect Calls**

       **Credit Card Calls** \_\_\_\_\_

**(Number if this option is selected)**

# ADDENDUM #17

## MAIL

Due to the potential harm that certain mail could cause our child or their progress, we as legal guardians, (having both legal and physical custody) direct and authorize Carolina Springs Academy and its staff to monitor all outgoing and incoming mail for \_\_\_\_\_

Whose date of birth is \_\_\_\_\_ 19\_\_\_\_.

It is understood that Carolina Springs Academy is operating at our direction, under the authority we have as legal guardians, and as our agents in this behalf.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Mother/Guardian*



# **ADDENDUM #18**

## **TEEN HELP**

We understand that while Teen Help recommends adolescent services including; schools, programs, treatment alternatives, therapists, and supervised transport services; Teen Help does not own, control, manage, nor direct any individuals or companies that provide these services. Therefore, Teen Help does not assume any liability or responsibility, implied or otherwise, for Carolina Springs Academy or for your child while in the School. All liability or responsibility for any recommended services or for the care of your child is assumed entirely by the service provider, as outlined in their contract with the parents/sponsors. The Sponsors hereby agree to release and forever hold harmless Teen Help from any liability connected with any services including, but not limited to; schools, programs, treatment alternatives, and therapists and/or supervised transport services recommended to the Parents/Sponsors.

---

**Mother's Signature**

---

**Father's Signature**

---

**Date**

# ADDENDUM #19

## ZERO TOLERANCE POLICY

Carolina Springs Academy has a **zero tolerance policy** against acts of violence and physical aggression as well as other dangerous, severely disruptive, or extremely defiant behavior exhibited by any student. These behaviors are not tolerated at Carolina Springs Academy for the following reasons:

1. Endangers students, staff, and the School
2. Distract and significantly impedes the progress of others
3. Destructive to the general environment and positive peer culture.
4. Consumes staff time and attention, cheating the other students
5. Allows negative role models for new or impressionable students.
6. Can influence other students to similarly misbehave or act out.

**Specifically, the following behaviors will be reviewed and may result in an immediate transfer to an appropriate alternative:**

- a. Students who demonstrate danger to themselves or others.**
- b. Students who are physically aggressive or seriously threaten other students, staff, or property.**
- c. Students who have to be physically restrained for their own safety or the safety of others.**
- d. Students that require staff one to one intervention for longer than 8 hours or have numerous episodes requiring staff one to one intervention over a period of three days or more.**
- e. Students who leave or are intently determined to leave the facility without permission.**

**Therefore, any student exhibiting these types of behaviors may be immediately expelled and transported, at the Sponsors expense, to a treatment center or any other alternative placement/location chosen by the Sponsors.**

Note: In the very rare case where an emergency transfer is needed and numerous attempts to contact the Sponsor have been unsuccessful, the Sponsors hereby gives Carolina Springs Academy permission to approve a transport and emergency alternative placement at the Sponsors cost until such time that the Sponsor can be contacted. The Sponsors understand that Carolina Springs Academy does not own, control, direct, or manage any alternative placements or the independent transport company. Therefore, Carolina Springs Academy does not assume any liability or responsibility, implied or otherwise, for the alternative placement or the independent transport company. This would include the care of your child while at the alternative placement or during transportation. The Parent's/Sponsors hereby agree to release and forever hold harmless Carolina Springs Academy from any liability connected with the alternative placement/location or the independent transport company. The Sponsors also hereby give the School permission to sign any necessary documents for the alternative placement or transport company in their place and stead until they can be received from the Sponsors. The Sponsor also gives permission for the alternative placement or Transport Company to obtain medical care for the student in the event of illness, injury, or other emergency.

**Father/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **ADDENDUM #20**

## **AUTHORITY TO ACT**

Carolina Springs Academy may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to; (decisions in your place and stead), consents for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind.

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Date

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Father/Guardian

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Mother/Guardian

## ADDENDUM #21

Non-emergency ancillary services (i.e. therapy, psychiatric, orthodontic, dental, medical, pharmacy) are elective and initiated upon the request of the parent/guardian. The services are provided and billed by independent providers. These providers are in no way contracted to the Academy and any assistance provided by the Academy is for the sole purpose of assisting our families to meet their student's needs while enrolled at Carolina Springs Academy. The list of service providers provided by Carolina Springs Academy designates local providers who understand the unique situation of our students and adjust standard practices to accommodate their needs while reducing the overall costs to the parent/guardian. Billing and payment methods are at the sole discretion of each provider and must be taken care of by the parent/guardian prior to the appointment date.

NOTE: Although Carolina Springs Academy works very closely with the listed providers to meet for the needs of our students and their families, confidentiality prevents them from sharing any information other than specific treatment plans to be carried out by the medical staff at the school. Any information provided by the therapists or psychiatrists other than that pertaining to medication is restricted to the parents. Therefore; it is their responsibility to share any information they feel is relevant to the student's progress while attending Carolina Springs Academy.

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Date

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Father/Guardian

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Mother/Guardian

# **ADDENDUM #22**

## **YOUTH TRANSPORT COMPANIES**

We strongly recommend that the Parents transport the student to the school upon initial enrollment, as well as any Inter-School/Program transfers. However, if it is not possible for the Parents to accompany the student to and/or from the school and the parents decide to utilize an independent Youth Transport Company, it is understood that while Teen Help may have provided a list of Youth Transport Companies to the Sponsors, that Teen Help nor the School/Program that they referred does not own, control, manage, or direct any individuals or companies that provide youth transport services. The list of Youth Transport Companies is provided to make parents aware of options for parents, and should not be construed or implied as recommendations. Parents should call several companies and make their own determination as to which Youth Transport Company would best suit their family's needs. Sponsors are also welcome to use any other youth transport service.

Therefore, neither Teen Help nor the School or Program assumes any liability or responsibility, implied or otherwise, for services provided by any youth transport company. All liability or responsibility for your child and youth transporting services provided are assumed entirely by the youth transport service provider. The Sponsors hereby agree to release and forever hold harmless Teen Help, LLC and the School/Program in which the student is to be enrolled, from any liability connected with any youth transport services.

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*Mother's Signature*

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*Father's Signature*

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*Date*

# ADDENDUM #23

## PROBATION INFORMATION

1. Is your child on probation? Yes No
2. Who has custody? \_\_\_\_\_
3. Please check the following probation status:

☐ **Informal** = No court has been involved. The petition has not been filed with the court system. An agreement or contract with the minor and the probation officer if there is one assigned.

☐ **Formal** = Petition has been filed, minor has appeared in court in front of the judge.

☐ **Diversion** – A unique process, where the minor has conditions to comply to in order to prevent judicial intervention. Once all conditions have been met, then all charges probably will be dropped.

4. If this is a diversion type, please explain in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What County and State? \_\_\_\_\_

6. Please fill in the information for the Probation Officers:

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Please explain the procedures we need to follow when reporting to probation officers, attorneys or whomever \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send all legal papers regarding legal charges, probation and custody to Carolina Springs Academy, P.O. Box 199, Donald, SC 29638. Please fill out the following page which is an "Interstate Compact Placement Request Form". This is required by any state to transfer a minor who is on probation.

**INTERSTATE COMPACT PLACEMENT REQUEST**

TO:

FROM:

**ICPC 100A  
PLEASE TYPE****SECTION I – IDENTIFYING DATA**

Notice is Given of Intent to Place: Name of Child:	Sex:	Date of Birth:	Ethnic Group: W=White
SS #:	Title IV-E <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
Name of Mother:	Name of Father:		
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

**SECTION II – PLACEMENT INFORMATION**

Name of Person(s) or Facility Child is to be placed with:		Phone:
Address:		
<b>Type of Care:</b> <input type="checkbox"/> Institutional Care Article VI, adjudicated delinquent <input type="checkbox"/> Parent <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative <input type="checkbox"/> Residential Treatment Center Relationship: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Group Home: _____ <input type="checkbox"/> Child Caring Institution: _____		<input type="checkbox"/> <b>ADOPTION</b> <input type="checkbox"/> To be finalized in Sending State <input type="checkbox"/> To be finalized in Receiving State <input type="checkbox"/> <b>Subsidy / IV-E Assistance</b>
<b>Legal Status:</b> <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Other: _____		

**SECTION III – SERVICES REQUESTED**

<b>Initial Report (if applicable)</b> <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	<b>Supervisory Services</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<b>Supervisory Reports</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> IV-E Documentation <input type="checkbox"/> Financial / Medical Plan <input type="checkbox"/> Other: _____		
Signature of Sending Agency or Person:		Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:		Date:

**SECTION IV – ACTION BY RECEIVING STATE**

<input type="checkbox"/> Placement may be made <input type="checkbox"/> Placement shall not be made	<b>REMARKS:</b>
Signature of Receiving State Compact Administrator, Deputy or Alternate:	
Date:	

**Distribution:**

- Sending Agency retains a copy and forwards completed originals plus 4 copies to:
- Sending Compact Administrator, DCA, or alternate who retains a copy and forwards completed original and 3 copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a copy to receiving agency and the completed original and 1 copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed the original to the sending agency.

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For More Information Call 1-800-637-0701

\_\_\_\_\_  
Initials

# ADDENDUM #24

## THINGS TO BRING FOR GIRLS

Please review the list below, and try to send with your child all the things listed. **Please do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of any such item.**

**DRESS CODE:** Dress must be tasteful and reasonably conservative. Contemporary styles are acceptable as long as they are not extreme. Garments with lettering or pictorial displays must be in good taste and should not tend to identify with any negative group or theme. We don't recommend sending any new or valuable clothing, but we do advise that all clothing, while used, should be in good condition and able to withstand a good amount of wear and tear.

All clothing should be wash and wear. Care and maintenance of clothing requiring dry cleaning or special washing procedures is very difficult and dry clean only clothing will be returned.

### ITEMS TO BRING

- |                                                                                                     |                                                                                   |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> 8 pair white underwear (no thongs)                                         | <input type="checkbox"/> Hairbrush/comb                                           |
| <input type="checkbox"/> 8 white bras (no underwires)                                               | <input type="checkbox"/> Cloth ponytail holders                                   |
| <input type="checkbox"/> 8 pair white athletic socks                                                | <input type="checkbox"/> Deodorant (non-aerosol)                                  |
| <input type="checkbox"/> 8 pair knee high trouser socks (hunter green, white or off white only)     | <input type="checkbox"/> Maxi pads/panty liners (no tampons)                      |
| <input type="checkbox"/> 1 pair slide sandals (no back strap)                                       | <input type="checkbox"/> Electric Razor                                           |
| <input type="checkbox"/> 1 pair tennis shoes (for PE)                                               | <input type="checkbox"/> Chap stick                                               |
| <input type="checkbox"/> 1 pair black or brown loafers (no slide styles, heels must be less than 2) | <input type="checkbox"/> Special medication (with prescriptions if possible)      |
| <input type="checkbox"/> 1 winter coat (October-April)                                              | <input type="checkbox"/> 1 set of sheets for twin bed                             |
| <input type="checkbox"/> Shampoo                                                                    | <input type="checkbox"/> 2 blankets for twin bed (or 1 blanket and 1 comforter)** |
| <input type="checkbox"/> Conditioner                                                                | <input type="checkbox"/> 2 pillows with pillowcases **                            |
| <input type="checkbox"/> Face Wash (if needed)                                                      | <b>Optional Items:</b>                                                            |
| <input type="checkbox"/> 2-3 packs of lined paper                                                   | <input type="checkbox"/> Religious or motivational book (up to 4 total)           |
| <input type="checkbox"/> 1 3-ring binder                                                            | <input type="checkbox"/> Stuffed Animals (up to 3 total)                          |
| <input type="checkbox"/> 10 pens                                                                    | <input type="checkbox"/> Family Pictures                                          |
| <input type="checkbox"/> Envelopes and/or stationary (no stamps)                                    | <input type="checkbox"/> Unscented lotion                                         |
| <input type="checkbox"/> 1 water bottle (must be clear)                                             | <input type="checkbox"/> Crayons                                                  |
| <input type="checkbox"/> 3 bath towels                                                              | <input type="checkbox"/> Coloring Books (up to 2 total)                           |
| <input type="checkbox"/> 3 hand towels                                                              | **NO down or feather filling; all items must be machine washable                  |
| <input type="checkbox"/> 3 wash clothes (or 'scrubbies')                                            |                                                                                   |
| <input type="checkbox"/> Soap with a soapbox                                                        |                                                                                   |
| <input type="checkbox"/> Toothbrush and toothpaste                                                  |                                                                                   |

### DO NOT SEND

Do not send anything that is not on the list above. This includes over the counter medicine and face wash for acne. Valuables: items that have significant financial or sentimental value should not be brought. The contract specifically states that Carolina Springs Academy does not accept responsibility for lost or stolen items.

**THE SPONSORS UNDERSTAND THAT ANYTHING SENT THAT IS NOT ON THE CHECKLIST WILL BE CONFISCATED WITH NO GUARANTEE OF RETURN.**

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*Mother's Signature*

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*Father's Signature*



# ADDENDUM #25

## THINGS TO BRING FOR BOYS

Please review the list below, and try to send with your child all the things listed. **Please do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of any such item.**

**DRESS CODE:** Dress must be tasteful and reasonably conservative. Contemporary styles are acceptable as long as they are not extreme. Garments with lettering or pictorial displays must be in good taste and should not tend to identify with any negative group or theme. We don't recommend sending any new or valuable clothing, but we do advise that all clothing, while used, should be in good condition and able to withstand a good amount of wear and tear.

All clothing should be wash and wear. Care and maintenance of clothing requiring dry cleaning or special washing procedures is very difficult and dry clean only clothing will be returned.

### ITEMS TO BRING

- |                                                                                                                         |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> 8 pair boxer or briefs                                                                         | <input type="checkbox"/> Soap with a soapbox                                      |
| <input type="checkbox"/> 8 pair white athletic socks                                                                    | <input type="checkbox"/> Toothbrush and toothpaste                                |
| <input type="checkbox"/> 1 black or brown plain leather belt (no big buckles or extra holes or attachments of any kind) | <input type="checkbox"/> Hairbrush/comb                                           |
| <input type="checkbox"/> 1 pair slide sandals (no back strap)                                                           | <input type="checkbox"/> Deodorant (non-aerosol)                                  |
| <input type="checkbox"/> 1 pair tennis shoes (for PE)                                                                   | <input type="checkbox"/> Electric Razor                                           |
| <input type="checkbox"/> 1 pair black or brown loafers (no slide styles, heels must be less than 2")                    | <input type="checkbox"/> Chap stick                                               |
| <input type="checkbox"/> 1 winter coat (October-April)                                                                  | <input type="checkbox"/> Special medication (with prescriptions if possible)      |
| <input type="checkbox"/> Shampoo                                                                                        | <input type="checkbox"/> 1 set of sheets for twin bed                             |
| <input type="checkbox"/> Conditioner                                                                                    | <input type="checkbox"/> 2 blankets for twin bed (or 1 blanket and 1 comforter)** |
| <input type="checkbox"/> Face Wash (if needed)                                                                          | <input type="checkbox"/> 2 pillows with pillowcases **                            |
| <input type="checkbox"/> 2-3 packs of lined paper                                                                       | <b>Optional Items:</b>                                                            |
| <input type="checkbox"/> 1 3-ring binder                                                                                | <input type="checkbox"/> Religious or motivational book (up to 4 total)           |
| <input type="checkbox"/> 10 pens                                                                                        | <input type="checkbox"/> Stuffed Animals (up to 3 total)                          |
| <input type="checkbox"/> Envelopes and/or stationary (no stamps)                                                        | <input type="checkbox"/> Family Pictures                                          |
| <input type="checkbox"/> 1 water bottle (must be clear)                                                                 | <input type="checkbox"/> Unscented lotion                                         |
| <input type="checkbox"/> 3 bath towels                                                                                  | **NO down or feather filling; all items must be machine washable                  |
| <input type="checkbox"/> 3 hand towels                                                                                  |                                                                                   |
| <input type="checkbox"/> 3 wash clothes (or 'scrubbie')                                                                 |                                                                                   |

### DO NOT SEND

Do not send anything that is not on the list above. This includes over the counter medicine and face wash for acne. Valuables: items that have significant financial or sentimental value should not be brought. The contract specifically states that Carolina Springs Academy does not accept responsibility for lost or stolen items.

**THE SPONSORS UNDERSTAND ANYTHING SENT THAT IS NOT ON THE CHECKLIST WILL BE CONFISCATED WITH NO GUARANTEE OF RETURN.**

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*Mother's Signature*

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*Father's Signature*