



954.404.7785 • www.sunsetsudbury.org

Request for Visiting Week

You may be considering having your son/daughter attend Sunset Sudbury School for a Visiting Week. We want you to be aware of the special nature of Sunset Sudbury before you agree to allow your child to visit with us for the week. In particular, we want to point out that, unlike other schools, Sunset Sudbury School *does not undertake a duty to directly supervise students and/or visitors to the school*. It is our educational philosophy that all students, regardless of age, are independent and responsible individuals and therefore are responsible for their own actions and activities. This educational philosophy would apply to your child while s/he is on our campus.

Enclosed are several documents. Among them is a copy of our "Open Campus" Policy, which will explain how students are able to come and go to and from the school during the school day. However, please note that visiting students are required to remain on campus during the visiting week. Also enclosed are a Medical Consent Form and the Sunset Sudbury School Handbook. Please review all of these materials, and sign this form, the "Open Campus" Policy form, and the Medical Consent Form. The three forms must be returned to the school along with a \$150 fee for the Visiting Week in order for your child to be granted an opportunity to visit.

Student Name: _____ Date of Birth: _____ Gender: M or F

Name of Parent (or legal guardian): _____

Home Address (if different): _____

City: _____ Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Name of Parent (or legal guardian): _____

Home Address (if different): _____

City: _____ Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

In case of emergency please contact:

Name: _____ Phone: _____ Cell: _____

Student Agreement

I agree as a visitor to follow the rules of the School and accept responsibility for my own conduct. I have read the above regarding Visiting Week at Sunset Sudbury School and the Open Campus Policy form and I understand that the school does not undertake a duty to supervise its student or me during the visit.

Student Signature: _____ Date: _____

Parent/Legal Guardian Agreement

We wish (student name) _____ to have the opportunity to visit Sunset Sudbury School during the week of _____ or the week of _____. We understand that Sunset Sudbury School will regard this visitor as it would any student enrolled at the school. In particular, we have read the above concerning Visiting Week at Sunset Sudbury School and the Open Campus Policy and understand that *Sunset Sudbury School does not undertake a duty to directly supervise the students or visitors.*

Signed: _____ Date: _____
(parent/legal guardian)

Signed: _____ Date: _____
(parent/legal guardian)

(for office use only)

Approved by: _____ Date: _____

Paid: _____ Date of Visiting Week: _____

Open Campus Policy

Sunset Sudbury School is an open campus. The school and its staff do not undertake any duty to directly supervise students. If parents want to restrict their child from leaving campus, or keep their child out of certain parts of the campus, they must arrange and enforce such a restriction directly with their child.

Students (age 12 or over) with off-campus permission must have a photo I.D. card in their possession and signed permission on file with the Office Corporation. Students are responsible for signing-out when they leave campus, including their destination and an approximate time of return. Students must phone the school and speak to a staff member if they will be more than 15 minutes late. Students are responsible for signing-in when they return. These records are kept on file at the school.

The school is not responsible for students while they are off-campus. All students are expected to follow all School Meeting Laws while off-campus.

The school may organize official, school-sponsored field trips, called "School Excursions." These are planned and approved by the School Meeting. Students who join an Excursion must have their parent or guardian sign an additional Field Trip Permission Form. School Excursions are the only off-campus activities supervised by staff.

The open campus policy does not change the student's responsibility to attend school.

Student Name: _____

Please check one of the following:

_____ I give my child (age 12 or over) full off-campus privileges.

_____ I do not give my child off-campus privileges.

Release and Waiver

I hereby agree to hold Sunset Sudbury School and its affiliates, subsidiaries, employees, managers, administrators, students, and parents harmless from any injury, loss, or damage relating in any way to my child's attendance and/or participation in any aspect of the School's programs, whether on or off school property, whether such injury, loss, or damage results from willful or negligent acts of the School or its agents, and further and with full knowledge of the consequences (i.e., that I am waiving my right to sue and my child's right to sue) and expressly waive any and all liability on the part of the School from my child entering, using, or leaving the School's buildings or facilities; using the School's equipment; and for any personal or professional actions or inactions by the School's instructors, employees or associates. I understand that my child may leave the School's premises at any time that my child so desires and will be in the community on an unsupervised basis.

I have read the above document regarding the school's open campus policy and I am aware of the school's policies regarding off-campus travel. (Signature of both parents required.)

Signed: _____ Date: _____
(parent/legal guardian)

Signed: _____ Date: _____
(parent/legal guardian)

Medical Consent Form

We the undersigned understand that Sunset Sudbury School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the School will: (1) attempt to contact the parents or legal guardians of the student; and (2) if, in the School's reasonable judgment, the student's condition warrants it, initiate 911 to provide transportation for the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for

_____ by a licensed physician, nurse, paramedic, or hospital staff member.

Signed: _____ Date: _____
(student)

Signed: _____ Date: _____
(parent/legal guardian)

Signed: _____ Date: _____
(parent/legal guardian)

If the student has any allergies, diseases, disabilities, or restrictions of any kind or is taking any medication that should be known to the school, please describe them here:

Sworn and subscribed before me this

_____ day of _____ 20_____

Notary Public, State of Florida

Seal

Notary's Name Printed