

ORANGEWOOD ACADEMY

APPLICATION for Homework Assistance Program – HAP

Student Name: _____ Grade: _____
(First) (Last)

Parent/Guardian Name: _____ Date: _____
(First) (Last)

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Cell Phone #:(____) _____ Email: _____

Subject area in which most assistance is needed: _____

STUDENT HAP CONTRACT

I AGREE TO THE FOLLOWING CONDITIONS:

1. I assume responsibility for my final grade(s). I understand that HAP does not guarantee a passing grade; hard work on my part in conjunction with HAP will promote progress in a given course.
2. I will come to each session on time and prepared. (Bringing texts, syllabi, assignment sheets, notes, and questions.)

Student Signature: _____ Date: _____

I AGREE TO THE FOLLOWING CONDITIONS:

1. I understand and agree to the above student contract conditions.
2. The HAP fee is automatically added to my monthly tuition bill.
3. If my child attends school but will be absent from HAP, I will notify the OA office before 3:05 p.m. or the charge for that day will be posted to my child's account.
4. HAP does not run on minimum days or Fridays.
5. If HAP is canceled I will be notified in advance, and I will not be charged for that day.

FEES:

Elementary: \$50 a month

JH and HS: \$100 a month

\$5 off for each additional sibling

Parent Signature: _____ Date: _____