



GOLESTAN SCHOOL  
320 SAN CARLOS AVENUE EL CERRITO, CA 94530

## Golestan Elementary School 2023-2024 Tuition Agreement

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

Child's name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parents'/Guardians' name(s): \_\_\_\_\_

Home address(es): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Parent/guardian #1 (name & mobile phone): \_\_\_\_\_

Parent/guardian #2 (name & mobile phone): \_\_\_\_\_

Parent/guardian #3 (name & mobile phone): \_\_\_\_\_

Parent/guardian #4 (name & mobile phone): \_\_\_\_\_

I \_\_\_\_\_, am registering my child, \_\_\_\_\_, at Golestan School for the 2023-24 academic year.

I understand that my child is accepted into the school on a probationary basis for the first month of his/her attendance. During this time my child can be dismissed without prior notice and any unused or pre-paid fees will be refunded within one week. Thereafter, the program will give me at least two weeks' notice of dismissal and will refund any unused prepaid fees within two weeks.

The registration agreement may be terminated by the school for the following reasons:

- a) Parent/guardian has not cooperated with the school regarding the child's disciplinary needs.
- b) Parent/guardian has not paid the agreed upon fees.
- c) Parent/guardian has been uncooperative regarding school policies.
- d) The child is disruptive to the class and is not responding to the measures taken to resolve the problem.
- e) Golestan school is not a good fit for the child and/or family.

**Tuition Payments**

**Golestan’s Annual Tuition for the 2023-24 academic year is \$26,833 (subject to a 3-9% increase each year).**

- I agree to pay the non-refundable deposit of 10% of annual tuition, plus the annual non-refundable materials fee of \$450 by February 1st, or the specified date on your acceptance letter for new enrollees.

I agree to the following payment plan (please select your preferred tuition plan):

- In full by June 1 (for a \$190 tuition discount)
- Monthly, in **11** installments from May through April excluding February when a deposit will be due to secure the spot for the following year. See payment plan below.

**Payment installation plan**

Month	Installment
February 1 <sup>st</sup> 2023	10% Deposit + \$450 materials fee due to secure spot for 2023-2024
March & April 2023	(10th & 11th installment for current year)
May 1 <sup>st</sup> 2023	1 <sup>st</sup> installment
June 1 <sup>st</sup> 2023	2 <sup>nd</sup> installment
July 1 <sup>st</sup> 2023	3 <sup>rd</sup> installment
August 1 <sup>st</sup> 2023	4 <sup>th</sup> installment
September 1 <sup>st</sup> 2023	5 <sup>th</sup> installment

October 1 <sup>st</sup> 2023	6 <sup>th</sup> installment
November 1 <sup>st</sup> 2023	7 <sup>th</sup> installment
December 1 <sup>st</sup> 2023	8 <sup>th</sup> installment
January 1 <sup>st</sup> 2024	9 <sup>th</sup> installment
February 1 <sup>st</sup> 2024	Deposit due to secure spot for 2024-2025
March 1 <sup>st</sup> 2024	10 <sup>th</sup> installment
April 1 <sup>st</sup> 2024	11 <sup>th</sup> installment

**Late Payments**

If you have signed up for monthly tuition payment, tuition is due the 1<sup>st</sup> of each month. A \$20 late fee will be charged for payments received after the 5<sup>th</sup>.

**Withdrawal of student**

Date of written withdrawal notice	Penalty for Withdrawal
Before May 1, 2023	Non-refundable deposit (10% of annual tuition) & materials fee
After May 1, 2023	100% of annual tuition (2023/2024)

**I agree that if I withdraw my child(ren) on any date after May 1st 2022, I will pay full tuition due for the remainder of the 2023-2024 academic year, regardless of whether my child has attended classes. If I withdraw before May 1st 2023, I will only owe the non-refundable deposit.**

**Enrollment Contract**

The undersigned parent or guardian acknowledges and agrees that once they have signed this Enrollment Contract, the School can no longer offer their child(ren)'s place to another student. **If written notice of withdrawal is received after May 1<sup>st</sup> 2023, the parent or guardian will remain obliged to pay full tuition due for the remainder of the academic year, regardless of whether the student has attended classes.**

Initial \_\_\_\_\_

**Force Majeure:**

The undersigned parent or guardian, agrees that the closure of Golestan for “force majeure” events, including but not limited to fire, power outage, act of God, war, governmental action, act of terrorism, pandemic, epidemic, natural disaster or any other event beyond Golestan’s control, does not relieve you of the financial obligations to Golestan or entitle you to a refund. In connection with a force majeure event Golestan may, but is not required to, relocate and/or reschedule its operations, extend or shorten the school year, abbreviate or extend scheduled closures, or continue its operations through alternative means or at an alternative location.

**Initial \_\_\_\_\_**

**Photo Release**

Every month Golestan will photograph or record (in media such as film, videotape, audiotape and audio or video digital storage), or allow others to photograph or record, in connection with archiving, sharing on social media, press coverage for activities at the School, the production of teacher training films and materials, and other promotional materials for the organization. The undersigned parent or guardian consents to any and all uses of said media portraying their child(ren). Further, the undersigned parent or guardian relinquishes and disclaims all rights to any such photograph or recording portraying their child(ren).

- I consent**
- I do not consent**

**Travel Permission**

The undersigned parent or guardian gives permission for his/her child to take part in field work/trips, outings and special events undertaken by the school under the guidance of the Executive Director.

- I consent**
- I do not consent**

**Classroom Observations:**

On occasion, Golestan may bring various specialists (e.g. Occupational therapist, behavioral psychologist, etc.) to observe our learning environment and recommend ways that we can better support our students. On these occasions, the professional observes the children all together in the classroom, not one-on-one without parent/guardian consent.

- I consent**
- I do not consent**

**I acknowledge an understanding of all of the terms and policies as shown above and agree to pay the tuition for by its due date.**

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

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

*Golestan Kids admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, and loan programs, and athletic and other school-administered programs.*

## Emergency, Medical and Identification Information

Medical Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

### **Physicians to be called in emergency**

Name of Physician: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

### **Dentist to be called in case of emergency**

Name of Dentist: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

If a physician or dentist cannot be reached, what action should be taken?

- Call emergency hospital
- Other \_\_\_\_\_

### **Allergy Information:**

Please list all allergies: \_\_\_\_\_

Advice on treatment: \_\_\_\_\_

**Does your child have any dietary restrictions? If yes, please specify.** \_\_\_\_\_

**Medication:**

List of medications your child takes on a regular basis: \_\_\_\_\_

I authorize the school to administer my child's medication listed above, if needed and per instructions.

- Yes                       No

List of medications your child has an allergic reaction to: \_\_\_\_\_

Is there any medical condition or information we should know regarding your child?

- Yes                       No

If yes please explain: \_\_\_\_\_

I authorize the school to administer over the counter medication (ibuprofen, acetaminophen,...)

- Yes                       No

If yes please specify: \_\_\_\_\_

**Consent for Minor treatment:**

I give consent to the school to provide minor first aid care for my child.

- Yes                       No

**In an Emergency, person(s) other than child's parents who may be called to pick the child up:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ cell phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ cell phone: \_\_\_\_\_

**Names of persons authorized to take child from Golestan:**

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

*Your child will not be allowed to leave with anyone else without the written consent from a parent or guardian.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



320 SAN CARLOS AVENUE EL CERRITO, CA 94530  
**GRIEVANCE POLICY**

Golestan and the community of parents associated with it are committed to fair and thoughtful resolution of concerns that parents may bring to teachers or to the Executive Director's attention.

The Board believes that the great majority of concerns can be managed at the level of staff and ED, and encourage parents to go first to Yalda privately with their concerns.

We believe in confidentiality, and encourage parents to be sensitive to the needs of *all* Golestan students, staff, and parents. It is imperative that issues that bear on people's performance or their relationship to others be communicated with respect and kindness.

Parents are naturally deeply concerned about the wellbeing of their children, and we expect that on occasion a concern that is worthy of Board attention may arise.

**STATEMENT OF GENERAL PRINCIPLES**

If these guidelines are followed, the Board is open to hearing about any issues of concern to parents.

- Complaints must be fully described by the person with the grievance;
- If there is a complaint against an individual, the person(s) should be given the full details of the allegations) against them, in private, and under the guidance and facilitation of the Executive Director;
- The person(s) against whom the grievance/complaint is made should have the opportunity and be given a reasonable time to present their perspective before resolution is attempted;
- Proceedings should be conducted honestly, fairly and without bias;
- Proceedings should not be unduly delayed.

**PROCEDURES**

The following is a three level process:

1. The parent attempts to resolve the complaint as close to the source as possible.  
This level is quite informal and verbal.

*If the matter is not resolved*

2. The parent notifies Yalda, (in writing or otherwise) as to the substance of the grievance and states the remedy sought. Discussion should be held between Yalda and the parent, and if needed, any other relevant party.  
This level will usually be informal, but either party may request written statements and agreements. This level should not exceed one week.

*If the matter is not resolved*

3. The parent may request a hearing with the Board. A grievance taken to this level must be in writing.

*At this level, the Board commits to resolving the issue in a closed or open meeting, as the Board sees fit.*

***I have read, understood, and agree to the terms and procedures stated in this Grievance Policy.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date