

# HARVARD-WESTLAKE SCHOOL

3700 Coldwater Canyon • Studio City, CA 91604 • Telephone (818) 980-6692

## ENROLLMENT CONTRACT • 2017-2018 ACADEMIC YEAR

**Gao, Ge I.D. #168-759 Grade 10**

***Due Date: March 3, 2017***

### PERMISSION TO ENROLL

To Be Completed By Parent(s)/Guardian(s)

Harvard-Westlake School (hereinafter referred to as "School" or "HW") would like to confirm that both parents/legal guardians, as applicable, consent to enrolling the Student (hereinafter referred to as "Student"). If your family has more than one parent/guardian, the School requires that both parents/guardians sign the contract (except as approved by the School in its sole discretion).

I accept the offer of enrollment by the School, and I certify that I am a parent/legal guardian of the above named Student with full authority to enter this Contract, including all of its attached sections. This Contract is binding upon me, the Student, and, when applicable, the other parent(s) and/or legal guardian(s). I understand that this Contract contains arbitration and attorney fee provisions.

Subject to the foregoing, I hereby enroll the Student at the School for the 2017-2018 school term. My signature below constitutes acceptance of all terms in this Contract, including all terms in each of the sections of this Contract listed below, which sections follow and are incorporated herein by this reference:

- Risk Management—Blanket Agreement
- Health, Medical, and Counseling
- Agreement to Pay Tuition, Fees, and Other Charges
- Arbitration/Attorneys' Fees
- Community Service
- Athletics
- Student's and Family's Obligations
- General Terms and Conditions

I hereby agree that the signature of either of us will be binding on all future requests by the School for written parental authorization, acknowledgment/acceptance of risk, release of liability or similar documents.

**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Xixi Gao**

Printed Name

**02/11/2017**

Date

**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Yu Bai**

Printed Name

**02/11/2017**

Date

**2017-2018 RISK MANAGEMENT - BLANKET AGREEMENT**  
Permission to Participate, Acknowledgement/Acceptance of Risk  
Additional Approvals and Acknowledgments  
Release of Liability, Including Release of Liability for Negligence

**Blanket Agreement**

The following terms shall apply to all aspects of Student's Harvard-Westlake enrollment and are agreed upon on a blanket basis.

**Permission to Participate**

I hereby give my full consent and permission for Student to participate in all trips, recreational, athletic, co-curricular, extracurricular, and other activities offered by School, including associated transportation.

I understand and accept that School may choose to provide additional documentation for selected high-profile/high-risk activities and, in some cases, to require completion of additional permission, acknowledgment, acceptance, or release documents for specific activities. School provides additional documentation on a selective basis and is under no obligation to do so. School's *decision* to provide additional, activity-specific, documentation, or to require a second signature, is undertaken by the School in its sole discretion. Additional documentation or signatures supplement but do not replace this Blanket Agreement.

**Additional Approvals and Acknowledgments**

I hereby provide:

- Approval of the School's use, without compensation, of the Student's name, photographs, likenesses and or recordings of Student and use of Student's artworks, photographs, writings and other works. I also approve the School's use, without compensation, of my photographs, likenesses, and or recordings taken or provided while at School or a School-related event or gathering. Such approved uses shall include but not be limited to publication in School's website, videos, bookstore website, admission brochures, annual reports, social media, newspapers, and any other printed or electronic communications. Authorization to publish my family's name, address, phone, and e-mail information in the Student/Parent Directory (Redbook) distributed to School community and in the Parent and Student Portals (password-accessed) portion of the hw.com website.
- Agreement that any information that may be provided to me, Student, or other members of my family about School faculty, staff, students and their families, including but not limited to names, addresses and phone numbers, shall be solely for our personal use. We shall neither make commercial use of this information nor make it available to others for their commercial or other use.
- Acknowledgment and acceptance that on-campus internet access provided to Student may be unfiltered and/or unrestricted (please refer to Student Handbook).
- Approval to receive School e-mails.
- Agreement to notify School promptly of changes in my primary e-mail address.

I recognize and endorse School's belief that students learn and grow through active involvement in a wide range of endeavors. In addition to regular classes, these include extensive co-curricular, extracurricular, and recreational programs, trips, and activities, including, but not limited to:

- Individual and team physical education and athletics, including a number of contact sports;
- Science, including use of glass, acids, solvents, vapors, hot plates and burners, hand-tools, etc.;
- Visual Arts, including processes requiring kilns, chemicals, glass, metals, sharp-edged materials, saws, grinders, etc.;
- Robotics, including handling of heavy, sharp and/or hard-edged items, flammable or hazardous

materials and use of power tools, etc.;

- Performing Arts & Theater Tech, including performances on intricate, multi-level sets and theater tech work involving electrical systems, power tools and other construction equipment, elevated catwalks and other risks, etc.;
- Retreats and other outings in diverse natural settings which may involve climbing, ocean swimming and other potentially-risky activities;
- "Hands-on," self-directed, and unsupervised community service and outreach opportunities throughout and beyond metropolitan Los Angeles; and
- A wide range of school-sponsored trips, including many outside of California and some outside the United States.

Through his/her participation, Student will be subjected to dangers that are inherent in these activities and thus impractical or impossible for School or Student to fully control or eliminate. I recognize and accept that the educational philosophy described above is of developmental value to students but exposes them to significant *additional* risk. I recognize Student's crucial responsibility to follow direction, and to act sensibly in the absence of direction, to mitigate risks.

I recognize and endorse School's belief that such activities are of greatest value when students are afforded a high level of autonomy, independence, and responsibility. Students are often allowed self-directed, **unsupervised** time for meals and exploration. I am aware that this philosophy pervades daily campus life; students are afforded significant **unsupervised** free time during the day, in which they may choose to study, seek faculty or staff assistance, socialize or engage in impromptu athletics.

I recognize that Student may be transported off campus and between campuses in HW school buses, subcontracted/chartered coaches and school buses, or other school vehicles, and, on occasion, private vehicles, which may be driven by faculty, staff, security firm employees, other students, or parents/legal guardians. School bus service has its risks, including but not limited to vehicle accidents en route and pedestrian accidents at bus stops and between bus stop and home. I understand and accept these risks on behalf of Student.

*I acknowledge the risks associated with enrolling Student at School, including but not limited to those discussed above. I value School's program and philosophy and am enrolling Student in order for Student to obtain their benefits. In consideration of these benefits, I accept all risks on behalf of Student.*

### **Release of Liability Including Release of Liability for Ordinary Negligence**

I voluntarily release, discharge, waive and relinquish forevermore all claims or actions that I or Student may have against School, its officers, agents, employees and volunteers, for personal injury, emotional distress, property damage or loss, and/or wrongful death, occurring to Student arising out of or in any way connected to Student's participation in School activities (including, but not limited to, those listed above), including, but not limited to, those claims or actions arising out of ordinary negligence on the part of School, its officers, agents, employees and volunteers, save and except only those claims due to fraud or willful injury to Student, or violation of law. It is the intent of this agreement to exempt and relieve School, its officers, agents, employees and volunteers, from liability for personal injury, emotional distress, property damage or loss, or wrongful death caused by ordinary negligence.

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#### **Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

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**Xixi Gao**

Printed Name

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**02/11/2017**

Date

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#### **Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

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**Yu Bai**

Printed Name

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**02/11/2017**

Date

## 2017-2018 Health, Medical, and Counseling

### Certification of Health Insurance

I hereby acknowledge that School requires students to have primary health coverage in effect at all times and certify that I will maintain such coverage for Student throughout the 2017-2018 school year. I agree to inform School of any change in insurance carrier and/or policy number. I understand that failure to maintain health insurance may result in Student's suspension or dismissal from School, suspension from high-risk activities, or other action, at School's discretion.

I recognize that School's student accident insurance program is supplemental and presumes the existence of student health coverage. It should be noted there are some policy limitations and exclusions to the secondary insurance coverage; therefore you may incur unreimbursed costs.

### My Disclosure, and School's Sharing, of Student Information

Because Student will spend many hours each week in school, may participate in athletic or other high-risk activities, and may travel on school trips, it is essential that School be provided with information regarding Student's ability to participate in these types of activities. I understand that the School therefore strongly recommends that it be provided with Student's full medical information – **including all known medical conditions, predispositions, susceptibilities and other concerns** - and that this information be updated promptly as soon as changes become known to me. Failure to receive such information would reduce the School's ability to care for Student. I understand that School may share this information, as it deems necessary, helpful and prudent. Individuals receiving such information may include, but are not limited to, teachers, coaches, trip leaders, sports medicine staff and outside health responders/practitioners. Although such sharing will be on a need-to-know basis, with due respect for Student confidentiality, it shall be at School's sole discretion. *I authorize such sharing.*

I recognize the importance of confirming that Student is medically fit to participate in school activities, and I acknowledge my responsibility for documenting that fitness. I thus affirm that, prior to the beginning of the 2017-2018 school year, Student will undergo a physical examination (including medical history) from a physician and I will submit a completed HW medical form which presents the findings of that examination and assesses Student's readiness to participate. The School strives to meet the needs of all students, including those with disabilities, and will thus make accommodations for students with limitations listed on the HW medical form to the extent such accommodations are reasonable. I understand that, although ultimate safety-to-participate decisions must be made by parent, student, and physician, HW may in its sole discretion limit or preclude Student's participation based upon the disclosures made on the medical form or other available information. I further understand that, if the form is not submitted in a timely manner, HW may elect not to allow Student to begin classes, sports practices, or other activities.

### Parental Authorization to Consent to Treatment of Minor

I hereby authorize the employees or agents of School to consent, on behalf of Student, to any x-ray or other scan, medical, dental or surgical examination, diagnosis or treatment, and/or hospital care, which is deemed advisable.

It is understood that this authorization is given in advance of any specific diagnostic action, treatment or hospital care being required, and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnoses, treatment or hospital care.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California. I hereby authorize any hospital which has provided treatment to Student (a minor), to surrender physical custody of such minor to the adult employees or agents of School upon completion of treatment. This information is given pursuant to Section 1283 of the Health and Safety Code.

**This authorization shall remain effective unless revoked in writing, delivered to, and**

**acknowledged as received by, School.** I hereby waive on behalf of myself and Student any liability of School and any of its agents or employees arising out of such medical or dental treatment.

### **Indemnification for Medical Treatment**

I agree to indemnify and hold the School, its officers, agents, employees, and volunteers, harmless from any and all claims, damages, expenses, and costs of medical care and services provided to Student arising out of any illness or injury sustained by Student while attending the School or participating in a School-sponsored event.

### **Student Counseling**

School may provide time-limited psychological counseling from licensed clinicians as well as more general counseling from chaplains, heads of schools, deans, teachers and staff members. There may be occasions during the course of Student's time at School when, for a variety of reasons, counseling would be helpful. It may be sought by Student, suggested, or required, by School. If and when it is deemed advisable by the School, in its sole discretion, to refer Student to outside professionals, parents/legal guardians may be consulted.

I recognize that the requirement of counseling confidentiality may preclude disclosure to parents/legal guardians of students, of the issues discussed with counselors, or even the existence of the counseling relationship. I further recognize, as does Student, that in other instances California law requires that, in the best interests of the Student, communications made to the counselor *must* be disclosed to third parties. Such situations include suspected physical, sexual, or emotional abuse, or when Student is adjudged a danger to self or others.

I consent to Student being counseled and recognize that, under some circumstances, counseling may be required by School. I further understand and accept the disclosure and confidentiality limitations noted above.

I have reviewed this document with Student and accept the risks and responsibilities of participation in Counseling.

#### **Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Xixi Gao**

Printed Name

**02/11/2017**

Date

#### **Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Yu Bai**

Printed Name

**02/11/2017**

Date

**2017-2018 AGREEMENT TO PAY TUITION,  
FEES, AND OTHER CHARGES**  
To Be Completed By Financially Responsible Party(ies)

2017-2018 tuition is \$37,100. I agree to pay this amount in full. **The first \$5,800 of this tuition is now due.** I will pay the remaining \$31,300 per the terms of the selected payment plan.

I hereby assume full legal and financial responsibility for paying tuition, fees, and other charges within 15 days of being billed. [If more than one person signs, our obligation is joint and several]. Failure to make timely payments could result in suspension, dismissal or other action at the School's discretion.

**Responsibility for Tuition and Additional Charges**

I agree to pay Harvard-Westlake School the \$37,100 tuition, along with additional fees for testing, retreats, special activities, and other charges that Student or I may incur. I specifically recognize that Student will be given a school account and ID/charge card (in both physical and electronic form), and I agree to pay for all transactions made by Student with that card or to that account.

Student may have access to loaned or checked-out School devices, including laptops and tablets. The School is not responsible for any lost or damaged Student data, information, or work while a School device is in the Student's possession. I understand that if a School device is not returned as agreed, if it is returned damaged or if it is lost, I will be responsible for full replacement cost, which will be billed to Student's account.

**Non-Refundability of Advance Tuition Payment**

I understand that Harvard-Westlake School is a school of limited enrollment and makes advance arrangements for the accommodation and instruction of each of its students for the entire school year. *I thus acknowledge that the \$5,800 advance tuition payment is non-refundable.*

**Pro-Rata Refundability of Remaining Portion of Tuition**

Harvard-Westlake does not offer optional "tuition insurance." Instead, pro-rata refundability, as detailed below, is provided automatically, at no extra charge.

If, for any reason, Student should withdraw from or be dismissed from School before the end of the academic year, I will only be responsible for the non-refundable deposit, pro-rated tuition, and account charges that Student has incurred up until the time of Student's withdrawal. If such calculation results in a credit balance on Student's account, a refund will be made. If a balance payable remains, I will pay that remaining balance.

**Other Provisions**

- If I do not make the payment(s) as agreed or should my account show a pattern of delinquency, I agree that School may convert my account to a different pay plan (retroactively to July 1, 2017), I will be responsible for all fees associated with that plan, and I may be required to enroll in School's automatic debit program.
- In the case of siblings enrolled at Harvard-Westlake School, School may elect to treat the various financial contractual obligations relating to the enrollment of the sibling as a single obligation. In case of default on one sibling's *Enrollment Contract*, School may pursue dismissal or other remedies against the other enrolled sibling(s) as well.

**Payment Plan Options**

  X   **Annual:** I will pay the remaining tuition in a single installment. I will be billed \$31,300 on July 1, 2017.

\_\_\_ **Semi-Annual:** I will pay the remaining tuition in two installments. I will be billed \$15,890 (\$15,650 tuition and a \$240 service charge) on July 1, 2017, and again on January 1, 2018. If this Option is chosen, please see the attached [Truth In Lending Act disclosure](#).

\_\_\_ **Quad-Annual:** I will pay the remaining tuition in four installments. I will be billed \$8,005 (\$7,825 tuition and a \$180 service charge) on July 1, 2017, October 1, 2017, January 1, 2018, and April 1, 2018. If this Option is chosen, please see the attached [Truth In Lending Act disclosure](#).

\_\_\_ **Monthly:** I will pay the remaining tuition in ten installments. I will be billed \$3,206 (\$3,130 tuition and a \$76 service charge) each month commencing July 1, 2017, and concluding April 1, 2018. If this Option is chosen, please see the attached [Truth In Lending Act disclosure](#).

**Signed Online**

Financially Responsible Party Signature (indicates acceptance of all terms in this section)

**Xixi Gao**

Printed Name

**02/11/2017**

Date

**Signed Online**

Financially Responsible Party Signature (indicates acceptance of all terms in this section)

**Yu Bai**

Printed Name

**02/11/2017**

Date



## 2017-2018 ARBITRATION/ATTORNEYS' FEES

I understand that any legal and actionable controversy or claim arising out of or relating to this Contract, including but not limited to the determination of the scope and applicability of this Contract to arbitrate, Student's enrollment in/departure from School or Student's educational experience at School, including, but not limited to, academic matters, extracurricular activities, and community service, shall be submitted to final and binding arbitration to be held in Los Angeles County, California, before a single, neutral arbitrator chosen by a process established by JAMS the Resolution Experts ("JAMS") and held in accordance with JAMS' Comprehensive Arbitration Rules and Procedures ("Rules") in lieu of litigation and trial by jury. The rules are available for your review by clicking on this link: [JAMS RULES](#). The rules may be amended by JAMS after the execution of this Contract and the undersigned agree to use the current version of the Rules at the time arbitration is commenced. Such rules are incorporated by this reference into this agreement as though set out in full. Judgment on any award may be entered in a court having jurisdiction. The initiation, existence and outcome of any arbitration – including, but not limited to, any material filed with the arbitrator, the contents of all depositions or testimony, all documents produced during the course of the arbitration, any written decision, and any remedy imposed or damages awarded by the arbitrator – shall remain confidential. This arbitration agreement applies during the term of this Contract and survives after the termination or expiration of this Contract.

In the event of any arbitration or litigation between the parties arising out of this Contract, or which relates in any way to the enrollment of Student at School, the prevailing party therein shall be allowed all reasonable attorneys' fees, expert witness fees, and other litigation expenses, expended or incurred in such arbitration or litigation, to be recovered as part of the costs therein to the full extent allowable by law.

This Arbitration/Attorneys' Fees Provision shall be governed by the Federal Arbitration Act. The parties recognize and accept that by agreeing to arbitration they are waiving their right to litigate in civil court and to a trial by jury.

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**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

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**Xixi Gao**

Printed Name

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**02/11/2017**

Date

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**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

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**Yu Bai**

Printed Name

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**02/11/2017**

Date

## 2017-2018 COMMUNITY SERVICE

**COMMUNITY SERVICE is an integral part of a student's experience at Harvard-Westlake School, and participation is required each year.** The program has three major objectives: (1) to provide students with firsthand knowledge of important social problems, (2) to imbue students with a sense of responsibility for helping to solve those problems, and (3) to develop a spirit of cooperation and community within the School.

**Middle School Program and Requirements:** Class attendance for one quarter of the year plus 6 hours of outreach of a school-organized activity or approved outside activity for 7<sup>th</sup> grade; 12 hours of outreach for 8<sup>th</sup> and 9<sup>th</sup> graders each year. Students are encouraged to go beyond these minimums, and many choose to do so. School-organized outreach opportunities are offered on a regular basis. Students may choose to do their outreach independent of the School, if the activity chosen meets basic requirements set forth by the Middle School Community Service Office.

**Upper School Program and Requirements:** 10<sup>th</sup>-12<sup>th</sup> graders are required to serve a minimum of 12 hours of outreach per school year. Students are encouraged to go beyond these minimums, and many choose to do so. A student may elect to fulfill his/her requirement during the summer preceding any given school year. All Upper-School community service hours must include hands-on work and face-to-face interaction with those being served.

**Note:** To be eligible for honor roll, senior privileges, senior awards, *and a diploma*, students must meet applicable deadlines for completion of their community service requirements.

Students may elect to do their outreach in two ways:

School-organized outreach opportunities, which are offered on a regular basis. Projects are managed and/or approved by the Upper School Community Service Council, a leadership organization comprised of 11<sup>th</sup> and 12<sup>th</sup> grade students and overseen by faculty or staff advisors.

Independent outreach projects chosen by the student, with no School supervision or oversight, and approved by the School based solely on community-service merit. These projects may be approved after-the-fact in the sole discretion of the School.

I have read the above, acknowledge that community service is required every year for each student, and recognize and endorse its value. I have made the decision to enroll Student freely and in full knowledge of this requirement. I acknowledge that:

Service takes place in a variety of locations, some potentially hazardous, throughout and beyond Los Angeles County.

Faculty or staff supervision may be limited or non-existent on some projects, and security at public schools, shelters, and other volunteer sites may not be equal to the security provided at School.

Administrative or Community Council approval of an independent outreach project does not certify a project's safety. It merely indicates recognition of the project's community-service merit.

School's identification of potential projects or organizations for independent outreach projects does not indicate School's vetting of, or endorsement of, the projects or organizations in any way. Student and parent are solely responsible for evaluation, selection, and supervision of independent service activities. No School supervision is provided.

Parents/legal guardians should review proposed independent outreach projects for issues of safety, transportation, emergency communication (including cell phones) and other related logistics. Parents/legal guardians must also consider the risks inherent in independent outreach projects and are strongly advised to discuss the potential risks of an independent outreach project with Student, on

topics including but not limited to: driving/riding with other students/parents/legal guardians; site location; nature and health of clientele served; and all conceivable types of risks and injuries that may arise from participation in the project.

In consideration of the educational value provided by community service projects, I accept on behalf of Student the risks attendant with such projects, including, but not limited to, those noted above. I have reviewed this document with Student and accept the risks and responsibilities of participation in Community Service.

**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Xixi Gao**

Printed Name

**02/11/2017**

Date

**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Yu Bai**

Printed Name

**02/11/2017**

Date

## 2017-2018 ATHLETICS

***ATHLETICS carry substantial risks and impose upon Student and Parent a critical duty to work actively and continuously to mitigate those risks.***

I understand and agree that, because of the dangers of participating in any sports program including all aspects of physical education, practice, training and competition, it will be important for Student to follow coaches' and teachers' instructions, including but not limited to those regarding playing techniques, training and other team rules. I acknowledge that, even if Student follows all directions and exercises with the utmost personal care, there will remain irreducible inherent risks to participation in sports, and I accept these risks on behalf of Student. The many risks of injury include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other skeletal components, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that such risks also include, but are not limited to, serious impairment of the injured party's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I also understand the emotional risks involved in playing or practicing sports as well as the emotional risks connected to any physical injury which may result, such as stress, tension and depression.

A variety of sports medicine services may be provided to students. Such sports medicine services may include but not be limited to health/fitness/safety education and counseling, injury prevention (via tape, braces, pads, helmets and other means), and injury assessment and testing (computerized or not), injury treatment, and rehabilitation. Such services will be provided by School's certified athletic trainers and by volunteer team physicians. In some situations, immediate assessment and first aid may be provided by coaches and by health care professionals in attendance at practices/games. Referrals to outside physicians and treatment facilities may be made by the certified athletic trainers and the volunteer team physicians.

I consent to Student receiving sports medicine services, including, but not limited to, those outlined above. Additionally, I confirm Student's responsibilities to build/maintain physical strength and condition, to heed education and technical instruction which may reduce injury risk, to report injuries immediately, and to be honest when discussing pain and readiness to begin or resume play.

I acknowledge my responsibility to follow up referrals to outside professionals, to forward from outside professionals the reports required by the school, to be honest when discussing Student's pain and readiness to begin or resume play, and to do everything possible to foster open, accurate and complete communication with the HW Sports Medicine team.

If Student is, has been, or may become, a participant in School's athletic program, the following provision shall apply: I understand that School uses various means to promote athletics and its various athletic programs ("the Programs"). These means include but are not limited to an athletics website, press releases, photographs and images in other media, brochures, reports, press interviews, and other printed or electronic communications methods for publicizing and promoting the Programs ("Methods"). As part of the publicity and promotion of the Programs, School may employ Methods which use the name, likeness, photographs, achievements, and personal information about Student ("the Information"). I hereby consent to the use of the Information without compensation. I grant to School all rights to use the Information to publicize and promote the Programs through the Methods chosen by School. On behalf of Student, I release and waive in perpetuity any right I or Student might have to hold the Information in confidence.

I have reviewed this document with Student and accept the risks and responsibilities of participation in Athletics.

**Signed Online**

**Xixi Gao**

**02/11/2017**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

Printed Name

Date

**Signed Online**

**Yu Bai**

**02/11/2017**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

Printed Name

Date

## 2017-2018 Student's and Family's Obligations

### Student

I agree that it shall be Student's responsibility to abide by all School rules as stated in the Student Handbook or otherwise communicated throughout the year and to abide by School's Honor Code, demonstrating conduct that is ethical, considerate, and civilized. I acknowledge that failure to do so may result in probation, suspension, dismissal, or other action at School's discretion. (The Honor Code and Student Handbook are both available on-line at [www.hw.com](http://www.hw.com).) Furthermore, I understand that this 2017-2018 enrollment is contingent upon the student's 2016-2017 second semester and/or Summer Programs behavior and academic performance satisfactory to School.

### Family

I agree that it shall be the responsibility of the contracting party(ies) to meet all *Enrollment Contract* terms, to advise the Business Office immediately of any changes in legal custody and of impending difficulties in payment, and to respond promptly to all communications from School. I acknowledge that failure to do so may result in suspension, dismissal, or other action at School's discretion. Furthermore, I understand that this offer of 2017-2018 enrollment is contingent upon satisfactory performance of all obligations under the 2016-2017 Enrollment Contract by that contract's financially responsible party(ies). Additionally, I agree to provide full, complete, updated information on Student's medical form this summer and to inform School in writing of any subsequent changes in Student's medical condition or prescription medications.

**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Xixi Gao**

Printed Name

**02/11/2017**

Date

**Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Yu Bai**

Printed Name

**02/11/2017**

Date

## 2017-2018 GENERAL TERMS AND CONDITIONS

- The Student Handbook, as it now exists online at [hw.com](http://hw.com), and including any amendments or modifications made by the School, is incorporated herein in full by this reference as though set out in full.
- This Contract is presented in its final form. No modifications are permitted, and any attempted modifications made by the undersigned shall be of no effect.
- The parties have agreed that this Contract may be executed by electronic means. For those who do not agree to sign electronically, they may print out this Contract and manually sign it. The original Contract, or a faxed or scanned version thereof, must then be returned to the school. A faxed or scanned version of the signature is as valid as the original.
- If any provision of this Contract is held to be invalid, the invalidity shall not affect other provisions of the Contract that can be given effect without the invalid provisions. To this end, the provisions of this Contract are declared to be severable.
- All Contract sections constitute a single contract between the parties.
- This Contract supersedes all prior negotiations between the parties, proposed or otherwise, whether written or oral, concerning the subject matters hereof. This agreement along with its attachments is a fully integrated document.
- The parties agree that the education provided under this agreement is deemed a necessity for Student.
- School reserves the right to remove a student at any time if, at the sole discretion of school administration, Student's industry, progress, conduct, or influence on or off campus are not in keeping with School's standards.
- School believes that a positive and constructive working relationship between School and Student's parents/legal guardians is essential to the fulfillment of School's mission. Thus, School reserves the right to discontinue enrollment in the current year, or not to offer re-enrollment to Student in subsequent years, if School, in its sole discretion, concludes that the actions of a parent/legal guardian prevents such a positive or constructive relationship or seriously interferes with School's accomplishment of its educational purposes.
- I understand that, until all obligations to School have been paid in full, School may withhold grades and transcripts, or add a "Past Due Account" stamp. Seniors with delinquent accounts may have diplomas withheld and be prohibited from attending commencement and other school activities. Moreover, non-payment of amounts due under this Contract may result in the dismissal of Student, at the sole discretion of School.
- I acknowledge and accept that, at School's discretion, Student's records may be sent off-site for conversion into digital format and/or for long-term storage.

### **Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Xixi Gao**

Printed Name

**02/11/2017**

Date

### **Signed Online**

Parent/Guardian Signature (indicates acceptance of all terms in this section)

**Yu Bai**

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Date