

With whom does the student live? _____

Other Adult to Contact in Case of Emergency:

Last/Family	First/Given
Relationship to student: _____	
Occupation: _____	
Name of employer: _____	
Work Phone number: _____	
Cell Phone number: _____	
Email address: _____	

Parent/Guardian Home address if different from student:

Name of Parent/Guardian who lives at this address

Number & Street	Apartment #	
City/Town	State/Province Country	ZIP/Postal Code

MEDICAL

Student's Medical Insurance Provider: _____
*Photocopy of Insurance card must be on file before First Day of School

Name of Student's Physician: _____

Number & Street	Suite #	
City/Town	State/Province Country	ZIP/Postal Code

Phone Number: _____

Please attach a copy of your student's health insurance card & vaccination record.

List any known medical issues or allergies that you believe necessary to disclose for the safety of your student at our school:

List any medication that your student will need to have administered while at school. All medication must be clearly marked with the student's name and have directions regarding administration. If the medication is not an over-the-counter drug, Capital Innovations must have a doctor's note on file in order to store and administer the medication. No student is to carry any medication on his/her person, even if it is an over-the-counter drug, unless there are special circumstances that have been approved by Capital Innovations.

PREVIOUS ACADEMICS

Current or most recent school attended: _____

Entry Date: _____ Exit Date: _____

Reason for leaving: (optional): _____

School Type: (check all that apply)

public charter independent private home school

Address:

Number & Street

Suite #

City/Town

State/Province Country

ZIP/Postal Code

Grades in Current Term: (please fill in with percents 0%-100%)

History

Math (indicate subject matter): _____

English

Literature (if a separate grade from English)

Science

Foreign Language (please list language): _____

Physical Education/Health

Other (please list class name): _____

Other (please list class name): _____

Please attach the most recent report card.

ESTIMATED LEVELS

Capital Innovations will conduct testing, consider previous grades, and meet with parents/guardians before placing students on academic levels. However, your initial estimations will give us a starting point.

MATH:

I believe my student belongs in: (if unsure, you may circle two to indicate a range)

6 th grade math	7 th grade math	Pre-Algebra	Algebra I or Integrated Math 1
Geometry or Integrated Math 2	Algebra II or Integrated Math 3	Trigonometry or Pre-Calculus	Calculus

SCIENCE SKILLS/KNOWLEDGE:

Below Average Average Above-Average

HISTORY SKILLS/KNOWLEDGE:

Below Average Average Above-Average

ENGLISH/LITERATURE:

<i>Reading: (circle one)</i>	Below Average	Average	Above-Average
<i>Grammar/Mechanics: (circle one)</i>	Below Average	Average	Above-Average
<i>Formal/Essay Writing: (circle one)</i>	Below Average	Average	Above-Average
<i>Creative Writing: (circle one)</i>	Below Average	Average	Above-Average

PRESENTATION/GROUP SKILLS:

<i>Public Speaking: (circle one)</i>	Below Average	Average	Above-Average
<i>Working with Groups: (circle one)</i>	Below Average	Average	Above-Average
<i>Working Independently: (circle one)</i>	Below Average	Average	Above-Average
<i>Persuasion/Debate: (circle one)</i>	Below Average	Average	Above-Average

TUITION AGREEMENT

FACT SHEET

The School Year extends from August 19, 2026, through June 4, 2027.

Your Student's Start Date: ____ / ____ / _____

Your Student's Monthly Tuition: \$1050* (*due on the first day of each month, *see below for details*)

Your Student's Registration Fee: \$250 (*due at time of enrollment*)

School Hours of Operation: 8am to 5:30pm (*see below for extended care option*)

Both you and your student agree to comply with all School Policies and Procedures regarding admissions and otherwise. In addition to the tuition and fees listed in the Fact Sheet, you agree to pay any extra charges for applicable care or activities. Your Registration extends only through the end of the 2026-2027 School Year. Capital Innovations offers no guarantee of your student's continued attendance beyond the 2026-2027 School Year. This Tuition Agreement is subject to final approval of your student's admission by Capital Innovations Academy, indicated by the signature of Sarah Barbulesco-Lamb below.

TUITION DUE DATES:

You agree to pay tuition from your student's start date (indicated above) through the end of the school year (see dates listed above). All checks or money orders must be payable to "Capital Innovations Academy" and can either be turned in to Head of Education Sarah Barbulesco-Lamb, via her inbox in the office, or mailed to "Capital Innovations Academy, PO Box 1458, Citrus Heights, CA 95611". If you choose to use cash, it is at your own risk. Capital Innovations Academy is not responsible for any theft or misplacement of this cash unless it is handed directly to Head of Education Sarah Barbulesco-Lamb and you receive a dated receipt.

Tuition is due on the 1st of each month. August & June tuition are half month payments. All other tuition payments, Sept-May, will be full month payments. The July administrative fee is \$300 and is the final required payment for the 2026-2027 school year for all students, due July 1.

LATE FEE/COLLECTION:

If tuition is not paid, on the seventh (7th) day after the due date, a Late Fee of \$25 will be applied to the late tuition and both the late tuition and Late Fee will need to be paid immediately. If tuition and any other outstanding charges are not paid within ten days of the due date (or within five banking days of notification to you, in the case of a returned check), your student will not be permitted to attend Capital Innovations until all outstanding and current charges are paid. Any charges incurred by Capital Innovations due to a returned check will be added to the late tuition and must be paid in full. If tuition is not paid on time for a second time, a Late Fee of \$35 will be applied to the late tuition and both the late tuition and Late Fee will need to be paid immediately. You agree to pay all our costs of collection, including (but not limited to) attorneys' fees, if we deem it necessary to refer your student's account for collection.

DAMAGES:

Damages in a school are to be expected; however, we hope that our students will be honest and inform an adult if they break something, intentionally or not. When we find damages and do not know who caused them, we will need to pay for repairs out of the school Damages budget. Any repair costs that go above our Damages budget of \$100/school year will be divided evenly amongst the families (on a ratio of one unit per student). You agree to pay your student's portion of these damages by June 30, 2027.

EARLY WITHDRAWAL:

Families who withdraw their students before June 4, 2027, must provide a thirty-day written notice to Capital Innovations Academy. If a student leaves in the middle of a tuition month, the student's family will owe a pro-rated amount of the next month's tuition to meet the full thirty days of tuition owed from the time of written notice. All registration, tuition, & trip fees (even if the student will no longer attend the trip) paid before withdrawal are non-refundable. Discounts are provided for early enrollment registration fees, and as such, are also non-refundable.

HOLIDAYS/EMERGENCY DAYS:

Tuition includes deductions for holidays, vacations, and teacher in-service days. No reductions or refunds of tuition will be given to compensate for days that school is not in session (as indicated on the School Calendar) or for days that the school must close due to unforeseen events.

EXTENDED CARE:

Daily care from 7:30am to 5:30pm is included in your monthly tuition fee. Care that extends earlier or later than these times can be provided, but must be requested here and arranged through Capital Innovations for a possible additional monthly fee at the school's discretion.

All parents/guardian please fill in:

Projected daily drop-off time: _____ : _____ *(if before 7:30am, check below for extended care)*

Projected daily pick-up time: _____ : _____ *(if after 5:30pm, check below for extended care)*

___ I hereby request extended care *(only check if necessary)*

If you do not request and have extended care approved, you will be charged \$10 for every fifteen minutes your student is on campus outside of normal hours of operation.

STUDENT LAPTOPS:

Your student must have a laptop or tablet (with Wifi & word processing capabilities as well as an accompanying charger) with him/her every day in class. If your student loses or damages his/her computing device, you will be required to pay for repairs or a replacement within 30 days of the damaging/losing of the original device so that the student has a working device to use for class.

STUDENT ILLNESS:

For the safety of all students, faculty, and family, students who are ill will not be allowed to remain at school. If your student becomes ill (based on our discretion and assessment), you will be contacted and you must pick up your student as soon as possible.

Please be extra careful regarding [COVID symptoms](#) and let Mrs. B know immediately if your student has any or if anyone in your family has been exposed to someone who tests positive. Please keep your student home if they have COVID symptoms and COVID test your student on the 3rd-5th day of symptoms or the night before/morning of their return to CI. *A picture of the negative COVID test should be texted or emailed to Mrs. B with your student's name and the date included in the photo.* Students who test positive should be kept home and can return to CI on the 6th day of symptoms with a mask as long as they have not had a fever in the last 24hrs (without fever-reducing medication) and their symptoms are drastically reduced. Students without a fever and with drastically reduced symptoms who previously tested positive for COVID may come to school without a mask once they test negative or if it is the 10th day of symptoms. *Please also mask your child for 48hrs if you send your child to school after they have just traveled or been to a large event.*

EMERGENCY/INJURY:

Capital Innovations reserves the right to provide medical, dental, or nursing care as directed by a physician or dentist, be it in the school or in the hospital/medical facility, and emergency treatment, including surgery, as may be deemed necessary. If there is not sufficient time, we may need to obtain care from a physician or hospital other than your student's and you authorize us to obtain this care. Capital Innovations will not be held liable for any additional expense or malpractice if a student is taken to a different doctor/hospital by Capital Innovations employees. It is agreed and understood that Capital Innovations and all other persons acting in the school's behalf shall be and are hereby released from any and all liability of every nature, kind and description as a result of any injuries, hurt or damage sustained by the student herein described.

EXPULSION/SUSPENSION:

We reserve the right to expel or suspend a student at our sole discretion, with or without notice, for any reason we determine to be in the best interests of Capital Innovations.

RESPONSIBILITY:

You agree to be responsible for any losses Capital Innovations incurs due to your student's actions. This includes but is not limited to the destruction of the school building as well as the damaging, loss, or theft of school materials, regardless of whether these actions were purposeful or accidental. Payment for repairs or replacements will be determined solely by the school and must be paid in full.

TERMS AND DEFINITIONS:

"you," "the parent," "parent": these words/phrases refer to the Parent/Guardian whose name is printed below after the prompt "Print Parent/Guardian Name."

"the student," "your student," "student": these words/phrases refer to the person whose name is written on the first line of the Application under the prompt "Student's Legal Name."

"school," "the school," "our school," "Capital Innovations": these abbreviations/words/phrases refer to Capital Innovations Academy.

I verify that all the information given above is truthful and complete and agree to all of the above terms and conditions. I state that I will pay Capital Innovations all charges for tuition and fees by the due dates indicated and declare that I am financially and legally responsible for my student's actions.

Name of Student: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Please be sure to attach the following to your application:

- \$250 Registration Fee
- Principal/Counselor Evaluation
- Most Recent Report Card
- Copy of Student's Health Insurance Card
- Copy of Student's Vaccination Record (including an up-to-date TDAP vaccine)
- CPR & Medication forms
- Media Wavier
- Off-Campus Form
- Major & Elective Selection Form
- Climbing Form

All Applications should be either:

A. Delivered to the campus (1828 Tribute Rd., Suite H, Sacramento, CA 95815)

-OR-

B. Mailed to our Admissions address (PO Box 1458, Citrus Heights, CA 95611)

FOR OFFICE USE ONLY

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ACCEPTED : _____

Mrs. Sarah Barbulesco-Lamb Signature: _____ Date: _____

Head of Education