



Clearview Sudbury School

1507 Wilshire Blvd. • Austin, TX 78722
512 524 0085 • www.clearviewsudburyschool.org

Visiting Week Contract

Student name: _____ Date of Birth: _____

Address: _____

City, State: _____ Zip: _____ Phone: _____

E-mail address: _____ Cell phone: _____

Name of parent(s) (or guardian(s)): _____

Home address: _____

City, State: _____ Zip: _____ Phone: _____

E-mail address: _____ Cell phone: _____

Business address: _____

City, State: _____ Zip: _____ Phone: _____

I wish to attend a visiting week at Clearview Sudbury School commencing on _____. I understand that during this time I will be considered a visitor; I will not have voting privileges in the School Meeting or in the Judicial Committee (JC). I may choose to write a complaint that will be heard in the JC and acknowledge that I have an obligation to attend JC if I am involved with a complaint. It is also understood and agreed upon that I will abide by all community rules, and if I violate such rules this contract can be made void by Clearview Sudbury School at that time. At the end of my week, should my parents and I decide to continue with Clearview Sudbury School, the School Meeting will vote on my continued enrollment within the student community.

Signed: _____ Date: _____
(student)

I/We wish the above student to attend a visiting week at Clearview Sudbury School, commencing on _____. I/We agree to pay the non-refundable, visiting week fee of \$150. I/We understand that during this time I/We will have visitor status and will not have voting privileges in the Assembly. I/We understand that during this period the student will also be considered a visitor with no voting privileges in the School Meeting or in the Judicial Committee (JC). I/We understand that the student may write a complaint that will be heard in the JC and has an obligation to attend JC if he or she is involved with a case. It is also understood and agreed upon that the student and I/we will abide by the By-Laws of Clearview Sudbury School and community rules adopted by the school, with any violations potentially ending the visiting week prematurely.

Signed: _____ Date: _____
(parent)

Signed: _____ Date: _____
(parent)