



RETURNING STUDENT CONTRACT

Signed between **UNITED KIDS INTERNATIONAL MONTENEGRO**

and _____ the parent of _____

I acknowledge the right:

- For my child to be in a safe, focused learning environment.
- For my child to freely interact with educational subjects through hands-on, interactive materials.
- To communicate openly with the Homeroom Teacher and Head of School at any time during the year.
- To provide my child with a healthy lunch during school hours.
- To maintain confidentiality of sensitive information between only the Head of School and myself.

I agree to:

- Provide monthly school payments from September through June no later than the 5th of every month. Payment must be given each month, in full, regardless of personal vacations or illnesses to reserve your child's place in the classroom. If payment is not made, the school reserves the right to offer my child's spot to another applicant.
- I understand that when I register my child at UKIM I accept full responsibility to pay all the tuition, assessed as a result of my child registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement by which I promise to pay for all assessed tuition, in accordance with the tuition payment schedule and this Contract.
- I understand and agree that if I decide to leave the school or withdraw from some or all of the classes for which I registered my child, I will be responsible for paying all or a portion of tuition and fees in accordance with the following schedule:
 - if I decide that my child is to leave the school any time before the end of the First Term of the current academic year, I shall be responsible for paying 50% of the total yearly tuition in a lump sum.
 - If I decide that my child is to leave the school any time after the start of the Second Term of the current academic year, I shall be responsible for paying all the tuition in a lump sum, regardless of when my child leaves the school.
- Stay up to date with my child's immunizations per Montenegrin law.
- Keep my child at home if he or she has an illness with cough, a temperature or vomiting, an infection or head lice/nits. Pick up my child from school if notified by the Head of School or teacher that my child is showing signs of illness.
- Notify faculty of my child's absence in advance for vacations or morning of illness via SMS, Viber, phone.
- Make sure that my child is punctual arriving and departing school (arrival by 9:00 and departure by 16:00).
- Actively support and participate in the school's **Code of Conduct** by consistently reinforcing it at home. I understand I may be asked to pick my child up early from school if my child's behavior is uncontrollable and constantly disrupting the learning of others.
- Support my child's learning by communicating with the UKIM educators.
- Keep all information pertaining to UKIM curricula, staff, internal policies or incidents, in confidence and not disclose it to a third party outside UKIM, even after leaving the school.

Signed

Parent/Guardian and Date

UKIM Administration and Stamp



For internal use only:

ID number assigned: _____

RETURNING STUDENT ENROLMENT FORM

1. General Information

Last Name and First Name (as in passport)	
Class/Grade/Year applying to	
JMBG or ID number (JMBG: 13 digits on the back side of the blue residency card; ID number: 6 digits on the front side of diplomatic card)	
New email address Add any email recipients that would like to be added to our mailing list. If you have a new email address, please enter it here	

2. Parent/Guardian

	<i>Parent/Guardian 1:</i>	<i>Parent/Guardian 2:</i>
Name of Parent / Guardian		
Contact Telephone <u>in case of emergency.</u> This number must have the Viber app installed as well.		
Employer		
Will your employer be covering the costs of the school fees ? Check one. Indicate how often you will need official invoices to be provided (monthly, end of term, end of year, etc.)	Yes	No Partially

3. Health

Please remind us of any allergies or dietary/religious restrictions your child might have. Leave blank if none.	
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4. List of Authorized Persons for pick up

	<i>Authorized Person 1:</i>	<i>Authorized Person 2:</i>
Name		
Relationship to Child		
Contact Telephone		

5. Use of photos/videos for promotional purposes

We ask that you **tick** this box if you **agree** for your child's photo to be used in school only.

We ask that you **tick** this box if you **agree** for your child's photo to be on social and printed media.

Date the form is submitted

Signature of parent/guardian