

## ENROLLMENT FORM FOR INDIVIDUAL STUDENTS

ENROLLMENT FORM NO. 2024-2025-

ENROLLMENT FORM EFFECTIVE: January 2025

For School Year: 2024-2025

Pursuant to Master Services Agreement between

Specialized Education of Ohio, Inc. who owns High Road School of Bucyrus

And

Tiffin City Schools

This enrollment form ("Enrollment Form") pursuant to the Master Services Agreement by and between Tiffin City Schools for the 2024-25 School Year and Specialized Education of Ohio, Inc. ("Agreement") that owns and operates High Road School of Bucyrus and is subject to the terms and conditions of the Agreement. All capitalized terms used herein but not otherwise defined shall have the meaning ascribed to such terms in the Agreement. The effective date of this Enrollment Form shall be the Student Enrollment Date stated above.

### Enrollment Schedule

Enrollment in the School and Services to be provided to the referred Student are in accordance with their IEP and this Enrollment Form shall be effective from January 2025 through June 30, 2025. If the Referred Student's IEP changes during the School Year, the Services and frequency listed below will be revised and incorporated herein by reference on the date High Road School of Bucyrus is notified by the District and provided the revised IEP as approved by the District and Referred Student parent/guardian.

### 2024-2025 Fee Schedule

Service	Cost
Academic Tuition (prorated per month enrolled)	\$45,302.00
Academic Extended School Year Tuition	\$ 4,137.00
BEST Tuition (prorated per month enrolled)	\$49,077.00
BEST Extended School Year Tuition	\$ 5,163.00
Occupational Therapy (per hour)	\$ 100.00
Physical Therapy (per hour)	\$ 100.00
Speech/Language Therapy (per hour)	\$ 100.00
1:1 Paraprofessional Assistant (per day enrolled)	\$ 195.00
ESY 1:1 Paraprofessional Assistant	\$ 169.00

### Referred Student's Services

Service	Months/Hours Enrolled	Total Fee
BEST Tuition	5 months	\$ 24,538.50
Speech/Language Therapy	7 hours	\$ 700.00

Occupational Therapy (per hour)	5 hours	\$ 500.00
Physical Therapy (per hour)	5 hours	\$ 500.00
1:1 Paraprofessional Assistant (per day enrolled)	74 days	\$ 14,430.00

**Total Amount for Student: \$40,668.50**

It is the intention and understanding of the parties hereto that this Enrollment Form, upon execution, shall be incorporated into the Agreement. In the event of any conflict or inconsistency between the Agreement and Student Enrollment Form, the terms and provisions of this Student Enrollment Form shall prevail and be given priority. This Enrollment Form is authorized as evidenced by the signatures below.

Tiffin City Schools

Specialized Education of Ohio, Inc.

By:

\_\_\_\_\_

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

By:

\_\_\_\_\_

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date: