



Wichita Sudbury School Visiting Week Letter

Dear Prospective Family,

Thank you for considering having your child attend the Wichita Sudbury School for a Visiting Week. We want you to be aware of the special nature of WSS before you agree to allow your child to visit with us. In particular, we want to point out that, unlike other schools, WSS does not undertake a duty to directly supervise its students and/or visitors to the school, as we spoke about during the interview. It is our educational philosophy that all students, regardless of age, are independent and responsible individuals and therefore are responsible for their own actions and activities. We believe that by becoming responsible for their daily activities at a young age, students can realize their own potential and grow into happy, healthy adults.

Please complete the attached forms and return to WSS with a non-refundable \$50, and let us know if you have any further questions or concerns!

Wichita Sudbury School Staff



Request for a Visiting Week

We wish _____ (visiting student's name), _____ (age), to have the opportunity to visit Wichita Sudbury School during the week of _____. We understand that the WSS will regard this visitor as it would any student enrolled at the School. In particular, we have read the Wichita Sudbury School Visiting Week Letter and understand that the School does not undertake a duty to directly supervise the students or visitors.

Parent or Legal Guardian Parent or Legal Guardian
(Both parents and/or guardians must sign this form.)

Printed name Printed name

Email Email

Phone number Phone number

Home address Home address

I agree as a visitor to follow the rules of the School and accept the responsibility for my own conduct. I have read the Wichita Sudbury School Visiting Week Letter, and I understand that the School does not undertake a duty to supervise its students or me during the visit.

Signature of visitor Date

(For office use only)

Paid _____

Approved by _____

Date _____



Medical Consent Form

We, the undersigned, understand that Wichita Sudbury School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, the School will: (1) attempt to contact the parents or legal guardians of the student; and (2) if, in the School's reasonable judgment, the student's condition warrants it, arrange to transport the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for _____ (name of student) by a licensed physician, nurse, paramedic, or hospital staff member.

Signature of student

Date of birth

Address (street, town, zip)

Signature of parent/guardian

Printed name

Address (street, town, zip)

Phone number

Signature of parent/guardian

Printed name

Address (street, town, zip)

Phone number

Please describe any allergies, diseases, handicaps, disabilities or restrictions that the student has. If none, N/A will suffice: