

Texas Christian School

Rise Room Parent Agreement

& Enrollment Form

Welcome to the Rise Room

The Rise Room is designed to provide students with additional academic support, guided instruction, and encouragement to help them grow in confidence and success in the classroom.

Our goal is to partner with families to provide a positive, structured environment where students can receive individualized assistance and build strong learning habits.

Program Information

- The Rise Room provides supplemental academic support and tutoring services during the school year.
- A monthly fee of **\$300** is required for participation in the Rise Room program.
- Fees are due on the 1st of each month.
- Participation in the Rise Room begins with a **trial period** to determine whether the program is an appropriate fit for the student's academic and behavioral needs.
- During the trial period, school staff will monitor student participation, progress, cooperation, and overall success within the program.
- The school reserves the right to recommend continuation, modification, or discontinuation of services following the trial period.

Student Name: _____

Grade: _____

Parent/Guardian Name(s): _____

Phone Number: _____

Email Address: _____

Date: _____

Parent/Guardian Acknowledgment

By signing below, I acknowledge and agree that:

- I understand the Rise Room is a supplemental academic support program.
- I understand there is a monthly fee of **\$300** for participation in the program.
- I understand my child will begin on a trial basis.
- I understand continued participation will depend on student cooperation, attendance, and program effectiveness.
- I agree to support communication between the school, staff, and my child regarding progress and expectations.
- I understand fees are non-refundable once services for the month have begun unless otherwise determined by the school administration.

Parent/Guardian Signature

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____

School Use Only

Date Received: _____ Trial Start Date: _____

Approved By: _____

Notes: _____