



EDUCATIONAL DIRECTIONS

P.O. Box 5249
Greenville, South Carolina 29606
864.467.1838
www.educdir.com

Contract

I have read the **Statement on Philosophy and Practices** and understand the services that **Educational Directions** offers and the expectations for the student and parents in this process. I agree that I will pay the entire consulting fee prior to the services being rendered, unless specific arrangements have been made ahead of time. **Educational Directions** agrees that it will be available to the student and parents for consultation on an unlimited basis within the realm of the specific search/placement. In addition, **Educational Directions** will fulfill its commitment to work with the student and parents until a satisfactory placement is found for a calendar year from the initial contract. The fees are as follows:

Boarding School Guidance & Placement	\$3000
LD, ADD/ADHD, Therapeutic Placement /Boarding School/ College -- \$1500 Intake/Initial Consult Fee, \$2500 Placement Fee	\$4000
Summer Program Search and Guidance	\$500

I agree to release any pertinent medical, psychological, or other records to **Educational Directions**. I give permission for **Educational Directions** to release these reports and records to any school or agency deemed necessary for the purposes of educational counseling and school placement. I understand that additional educational or psychological testing, psychotherapy, medical evaluation, tutoring, learning skills training, etc. that may be recommended will be separate and additional costs for which referrals can be made.

Parent Signature: _____ Date signed: _____

Student Signature: _____ Date signed: _____

This release is valid until (date): _____