



3590 W. 18th Ave • Eugene, Oregon 97402 • 541-686-1223 • Fax 541-687-1493

PROCESS FOR ADMISSION

We accept applications year-round. These are the steps to follow:

A. Enrollment

Together we will fully explore what the student needs and wants, and what Wellsprings Friends School requires and is able to offer.

Students may enroll on referral from a public school district or privately on a tuition-paying basis. Tuition cost for a school year is \$8,000. This amount can be paid by semester, quarter, or month, depending on what is most convenient. *Tuition assistance* may be available for those who need it and we encourage applications.

Each school district has their own policies and procedures regarding referrals, and granting them is not automatic. To begin the process of obtaining a referral, contact the appropriate person in your district. Information is available on our website ("Referral Process" under "Admissions") or by calling your district office. If you have any questions, please call us.

B. Application

The next step is to turn in a completed application. In addition to basic information, there are various permission forms. The application includes a questionnaire for parents/guardians to complete *and* a questionnaire for the student to respond to. This is vital information that will help determine if the Wellsprings community and the student will fit well together to create a successful environment.

C. Visit Us

Before applying for admission, it is required that prospective students and their parents spend some time at the school talking with staff and other students. This begins with a brief tour of the school. Then, arrangements are made for the prospective student to spend one entire day at Wellsprings, to experience the life of the school and to provide the staff and student with information that will help determine if Wellsprings is a good fit for her/him.



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D. Interview with Prospective Student and Parent/s or Guardian

The final step in our admission process is the interview. It offers a chance for students, parents, and staff of Wellsprings to deal openly and honestly with questions and concerns. During the interview we will:

- Review WFS and district processes required to complete enrollment.
- Answer any questions.
- Talk about student and parent expectations of Wellsprings.
- Talk about past school experiences and articulate what needs to be changed for a student to experience success.
- Explore the reasons for wanting to attend Wellsprings.
- Talk about the student's interests and goals.
- Talk about our expectations of students, about what it means to be involved in this learning community, based on the WFS "Understandings and Agreements."



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TUITION POLICY (Students without a district referral)

Tuition applies to the costs of instruction and all regular operations of the school. It helps to pay our utility bills, staff salaries, and all the necessary operational expenses that make it possible to offer our unique program to the teenagers who thrive here. Our policy is that no additional fees are charged. Breakfast and lunch are made available to all students at no cost. All the supplies students will need for the year—art and science materials, notebooks and pencils, calculators...everything—is provided. Even for field trips there are no extra fees you must pay, regardless of transportation costs, entrance fees, and so on.

Tuition for the current academic year is \$8,000. Payment of private tuition is possible on any of three different schedules. You can choose the schedule most suitable for you.

- (A) *By Semester.* $\frac{1}{2}$ of the annual tuition is due on September 15th and February 15th.
- (B) *By Quarter.* $\frac{1}{4}$ of the annual tuition is due on September 15th, November 15th, February 15th, and April 15th.
- (C) *By Month.* $\frac{1}{10}$ of the annual tuition is due on the 15th of each month, September through June.

If you choose to pay monthly or quarterly, we request that you arrange through your financial institution to have checks mailed to the school automatically via a “Bill pay” option; or, to have regular ACH payments made to the Wellsprings Friends School bank account. Full information is available from Dennis Hoerner (Head of School).

Tuition assistance is available, and determined on a case-by-case basis. We do whatever we can to support the possibility of attendance for all students who want to enroll here. Please feel free to talk with Dennis for further information or to obtain our simple application form. All financial information provided is kept confidential and used only to assess family need.



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APPLICATION FOR ADMISSION

Date _____

Student's Name _____ Student Cell # _____

Street Address _____ City _____ Zip _____

Gender _____ Date of Birth _____ Ethnic/Cultural Identity _____

Last school attended _____ Last grade completed _____

Is this student on an IEP? Yes No Currently on a 504? Yes No

Has this student been suspended or expelled from another school? Yes No

Parent/Guardian's Name _____ Relationship _____

Street Address (if different from student's) _____

City/Zip _____ Home phone _____

Email Address _____ Cell # _____

Employer _____ Work phone _____

Other Parent/Guardian's Name _____ Relationship _____

Street Address (if different from student's) _____

City/Zip _____ Home phone _____

Email Address _____ Cell # _____

Employer _____ Work phone _____

Other Parent/Guardian's Name _____ Relationship _____

Are there family or housing arrangements that we need to know about?

May we include your cell number and address in a school directory? Yes No



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STUDENT QUESTIONNAIRE

Name _____ Date _____

Please answer the following questions telling us as much as you wish to about yourself.

1. How do you spend your free time?
2. How would your friends describe you?
3. What do you want from your high school experience?
4. What do you want to do after high school?
5. Why do you want to come to Wellsprings?



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6. Which subjects are easy for you? How do you feel about them?

7. Which subjects are difficult for you? How do you feel about them?

8. How do you handle conflicts with others? How do you respond to stress?

9. What are you really good at? What do you love?



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PARENT / GUARDIAN (1) QUESTIONNAIRE

Student Name _____

Your Name _____

Wellsprings is committed to building community and seeks a strong partnership between the school and home. We assure confidentiality. As you fill out this questionnaire please be frank so that we may clearly and fully assess the needs of the student.

1. What do you want for your student as an outcome of her/his high school experience?

2. Tell us about your student's interests, abilities, and educational experience. Include successes, disappointments, and frustrations.

3. In what ways would your student agree or disagree with your perspectives?

4. Is there anything about your family relationships that you'd like us to know?



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5. Is there anything else we should know?

6. Adult participation in the Wellsprings community is greatly appreciated. Are there areas of special interest/abilities you might like to share?

7. How did you hear about Wellsprings Friends School?



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PARENT / GUARDIAN (2) QUESTIONNAIRE

Student Name _____

Your Name _____

Wellsprings is committed to building community and seeks a strong partnership between the school and home. We assure confidentiality. As you fill out this questionnaire please be frank so that we may clearly and fully assess the needs of the student.

1. What do you want for your student as an outcome of her/his high school experience?

2. Tell us about your student's interests, abilities, and educational experience. Include successes, disappointments, and frustrations.

3. In what ways would your student agree or disagree with your perspectives?

4. Is there anything about your family relationships that you'd like us to know?



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STUDENT RECORDS RELEASE FORM

I authorize release and request a complete record for the following student be sent to Wellsprings Friends School.

Student's Name: _____

Name of Last School: _____

Date of Birth _____

Grade Level _____

Fax: _____

Phone: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Please release copies of the following records:

School Transcript

SpED Records
(Current IEP, most recent evaluation, behavior records)

Immunization Records



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CLASS FIELD TRIP PERMISSION FORM

Because of our experiential emphasis, many of our classes go on short field trips to off campus locations during class-time. It is the policy of Wellsprings Friends School to require a signed permission from the student's parent/guardian for a student to participate in these activities. This form, when signed, will be kept on file to provide general authorization for such brief excursions, also including our occasional all-school field trips for bowling, skating, picnicking, etc. For other events such as overnight camping trips, we will continue to require specific separately signed permission slips.

If the student does not have a signed general permission form on file, he/she will not be allowed to leave the school grounds for such activities. The student will be given an alternative assignment; due to our small staff, however, he/she may be without immediate staff supervision during this class period.

If you have any questions please give the school a call.

_____ I ***do give*** permission for my teenager to participate in class field trips.

_____ I ***do not give*** permission for my teenager to participate in class field trips.

Student's Name: _____

Parent Signature: _____ **Date:** _____



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MUSIC AND MOVIE CLASS PERMISSION SLIP

From time to time our staff uses music and videos as part of their instructional tools. Some of the videos/documentaries may be rated 'R' or unrated. Some of the films may contain foul language, sex and/or nudity, violence, drug issues, and may be considered controversial. It is the policy of Wellsprings Friends School to require signed permission from the student's parent/guardian for a student to view 'R' or unrated films.

If the student does not have a signed permission form, he/she will not be allowed to view these films. The student will be given an alternative assignment during the showing of the film and then meet back with the class to join in discussions of the film.

If you have any questions please give the school a call.

_____ I ***do give*** permission for my teenager to view 'R' rated or unrated films shown during class time or on field trips to the theater.

_____ I ***do NOT give*** permission for my teenager to view 'R' rated or unrated films shown during class time or on field trips to the theater.

Student Name: _____

Parent Signature: _____ Date: _____



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CONSENT FOR USE OF PHOTOGRAPHIC IMAGES

I / we grant Wellsprings Friends School (WFS) and Northwest Exposures (NWE) permission to use photographic image(s), in which I / we / our son(s) or daughter(s) appear as subject(s), for purposes of exhibition, display, website, or other activities related to the publicity, promotion, or artistic purposes.

Use of these images may include selections of, or changes to, the originals, without any additional consent. I / we waive the right to prior inspection or approval of images, in which the persons named below appear as subjects, intended for use by WFS and Northwest Exposures and / or the photographer(s).

I / we have read and understood the terms of this release and agree to them. We also waive future rights to control the use of images, in which the following named appear as subjects, by either WFS, NWE, or the photographer(s).

Minor Release

The signature below indicates my / our consent to release the rights of the minor(s) listed below, under the terms described in the general release above.

Date _____

Printed Name(s) of Minor(s) and age(s):

Printed Name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian _____

Exclusion

____ No, I do not want my child's photo included in any public materials produced by the school.

Parent Signature _____



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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The undersigned parent or guardian of _____
(Student's full legal name)

hereby authorizes staff of Wellsprings Friends School to transport and seek emergency medical or surgical treatment to this minor student.

Student's Date of Birth _____

Parent Name _____ (Cell) Phone _____

Home Address _____

Employer _____ Work Phone _____

Other Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Health Insurance Co. _____ Group ID _____

Medical conditions, allergies, etc. _____

Current Medications _____

This authorization shall be effective for as long as my student is enrolled at WFS.

Parent Signature _____ **Date** _____

AN ATTEMPT WILL BE MADE TO NOTIFY PARENTS IMMEDIATELY IN THE
EVENT OF AN EMERGENCY, BEFORE TREATMENT IS PROVIDED.