



Basic Skills Assessment & Educational Services

Supplemental Home School Program

Grades 3-6

2017-2018 Application for Admission

For office use only:	
Rec: _____ / _____ / _____	
App: _____	Mat: _____
Ck# _____	<input type="checkbox"/> cash
<input type="checkbox"/> C.C.	<input type="checkbox"/> PayPal
Processed by: _____	

Thank you for your interest in Basic Skill's Supplemental Home School Program. This program is split into two groups. Students entering 3rd and 4th grade will attend a class that meets on Mondays and Wednesdays. A second class for students entering 5th and 6th grade will be held on Tuesdays and Thursdays. Both classes will meet from 9:00 a.m. to 3:00 p.m. An integrated and innovative curriculum, small class size, and a low student-to-teacher ratio enables students to experience academic success.

The application process is as follows:

- Read the *Student Standards and Procedures*.
- Complete the attached *Application for Admission* and submit it along with the application fee of \$100 and materials fee of \$250.
- Complete and submit the *Immunization Form*. Your student cannot attend classes unless they are up-to-date on their vaccinations or have a medical/nonmedical exemption.
- Establish a tuition payment plan.

Once we receive the above, you will be contacted for an interview to begin the process of formulating a plan to meet the academic needs of your child. If you have questions at any point during the application process, please call or email the Basic Skills office at 503.650.5282 or info@basicskills.net. We look forward to working with you.

Jenny & Curt Bumcrot

Student Information

STUDENT'S FULL NAME _____
(last) (first) (middle)

Grade Entering: _____ Present Age: _____ Date of Birth: ____ / ____ / ____ Place of Birth: _____
(City, State)

School now attending or last attended: _____
(Name of School) (City, State)

(Phone Number)

Grades attended: _____ Reason for leaving: _____

Has this student ever been on an IEP, PDP or received tutoring in specific areas? Yes ___ No ___ If yes, please explain on a separate piece of paper.

Has this student ever been retained? Yes ___ No ___ If yes, please explain on a separate piece of paper.

Has this student ever been expelled, dismissed, suspended or refused admission to another school? Yes ___ No ___ If yes, please explain on a separate piece of paper.

Does this student have unresolved disciplinary problems? Yes ___ No ___ If yes, please explain on a separate piece of paper.

Family Information

Student lives with: *(check all that apply)*

Father Mother Grandparent(s) Stepfather Stepmother Guardian

Student's parents are:

Married Separated Divorced Father is deceased Mother is deceased

Home Address: _____ Home Phone: _____

(City) (State) (Zip) Email: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employed by: _____ Employed by: _____

Cell Phone: () _____ Cell Phone: () _____

Financial Information

The \$100 Application Fee and \$250 Materials Fee must accompany this application. The Materials Fee covers the cost of all books and materials. Exception: for students enrolling in SHSP for **grades 5-6**, please note that this **excludes math textbooks, which must be purchased by the parent.**

- Tuition:
\$225 per month for 9 months
- Monthly Tuition Payment Options:
 - I wish to pay by check
 - I wish to pay by online subscription

Statements will be mailed at the end of July, with payment due by August 10th.

Other Information

How did you first learn about the services provided by Basic Skills? *(check all that apply)*

Have previously received services or attended classes Received Email Received Flier Website
 Support Group, name of group: _____ Other: _____

Most important factors influencing your decision to enroll: *(Check all that apply)*

Quality academic instruction Accountability Recommendation of another family Location
 Other: _____

Statement of Standards & Procedures

We have read, understand, and support the "Statement of Standards & Procedures".
(Only one parent signature is required.)

Father/Guardian Signature

Mother/Guardian Signature

Student Signature

Date

Acknowledgement of Liability/Medical Release Form

This form is valid through September of 2018

The signer of this form acknowledges that the teachers at Basic Skills are only responsible for each student **during the attendance of his/her scheduled class(es)**. At all other times, the responsibility for the student resides with the parent/guardian.

In case of a medical emergency, I hereby give consent for my child's teacher or any Basic Skills' personnel to treat or seek medical or dental treatment for the student named below.

Signature of Parent/Guardian *Date* *Home Phone*

Work Phone *Cell Phone* *Alternate Phone Number*

Email Address

Name of Student *Date of Birth*

Primary Care Physician _____
Phone number

Insurance Company _____
Phone number

Address

Group Number _____ ID Number _____

Persons to be notified in the event of an emergency in case the parent/guardian is unavailable:

Name *Daytime Phone Number*

Name *Daytime Phone Number*

Name *Daytime Phone Number*

Please list all allergies, health conditions, or current medications your child has:



Basic Skills Assessment & Educational Services

ACADEMIC EVALUATION

To be filled out by a parent

Student Name: _____

Your Name: _____

- Please rate the applicant in the following areas by checking the appropriate box:

	<i>Excellent</i>	<i>High</i>	<i>Average</i>	<i>Low</i>	<i>Very Low</i>	<i>Unknown</i>
Overall academic ability						
English skills						
Math skills						
Involvement outside school						
Respects authority						
Emotional maturity						
Social adjustment to peers						
Demonstrates leadership						
Responsibility						
Honesty						
Hard-working						
Motivation						

- Please add any additional comments regarding the above areas that might be helpful:
