



Basic Skills Assessment & Educational Services
Supplemental Home School Program
Grades 3-6
2017-2018 Re-Enrollment Application

For office use only:
Date Rec'd _____
Supplies \$ _____
Ck# _____ cash
 C.C. PayPal

Thank you for choosing to re-enroll your student in Basic Skill's *Supplemental Home School Program* will again include two classes. 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 Re-enrollment Application and submit it along with the materials fee of \$250.
- Check with the front office to ensure your student's immunization record is up to date. 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.

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 _____
(First) (Last) (Middle)

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

Home Address: _____ Home Phone: _____
(City) (State) (Zip) Email: _____

Financial Information

The \$250 materials fee is due upon re-enrollment. Includes 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.

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:

