

Heritage Community School



ENROLLMENT PACKET

Admission Pages

1. Enrollment Process
2. Application for Admission, 4 pages
3. Tuition Page
4. Enrollment Preferences Agreement & Tuition Contract

Student Permission Forms - completed after enrollment

1. Field Trips, Outings, Special Subjects, Injury, Photography
2. Medical Contact Information form
3. Emergency Contact information form

Volunteering Forms completed after enrollment

1. Parent Involvement & Requirements
2. Background Check authorization form
3. Field Trip Driver & Auto Maintenance Form
4. Immunization link

Enrollment Process

Initial Inquiry: Let us know you are interested in Heritage Community School by submitting an email from the school website. You are also welcome to call the school director at (541-600 -0856) for more information.

School Visit/Informational meeting: Prospective families receive an introduction to our unique school model and educational philosophy by a visit to the school with the director or during an Open House and concludes with an opportunity to view the classrooms, student work, and curriculum. This is followed up with a school packet including an application for admission by those families still interested. Sign up to schedule a meeting.

After completing the application, parents are encouraged to learn more about Charlotte Mason Education by reading online informational links or read [Susan Shaeffer Macaulay's book, *For the Children's Sake*](#) if they are not familiar with Charlotte Mason methods.

Apply: Let us know you are interested in Heritage Community School for your children by submitting an application and pay the nonrefundable application fee of \$40 either online or by check made out to Heritage Community School and mail to the address 150 Andi Ct. Talent, Oregon 97540.

Parent Interview: Parents or guardians are contacted to schedule an interview after your application, family enrollment and tuition agreement. has been received and reviewed. This interview will be a time to discuss your child's educational needs and explore if Heritage Community School is a good match for child and family.

Follow up: We will notify you via email or phone of your acceptance-status. Once accepted, payment of the enrollment fee is sent either online (link below) or mailed to 150 Andi Ct. Talent, Oregon, 97540.

Academic Assessment

Lastly, the family schedules a time with your child to visit the school and meet with the teacher/director to meet for an academic assessment in reading, math, and writing assessments to determine their academic levels and skills before attending.

HERITAGE COMMUNITY SCHOOL

A CHARLOTTE MASON CHRISTIAN EDUCATION

Application for Admission

.....ALL INFORMATION GIVEN WILL BE HELD CONFIDENTIAL.....

STUDENT INFORMATION

Student's Full Name _____ Date of Birth ____/____/____
Last First Middle

Home Address _____ Gender M ____ F ____

City _____ ZIP Code _____

LEGAL GUARDIANS INFORMATION

Name #1 _____ Relationship _____

Cell phone _____ Email _____

Name #2 _____ Relationship _____

Cell phone _____ Email _____

Home Address for parent #1 _____

Home Address for parent #2 (if different) _____

SCHOOL INFORMATION

How did you learn about HCS? _____

Why do you want your child to attend HCS _____

HERITAGE COMMUNITY SCHOOL

A CHARLOTTE MASON CHRISTIAN EDUCATION

List chronologically all schools this applicant has attended, including preschool, kindergarten, and homeschool studies.

DATE	GRADE	NAME OF SCHOOL	SCHOOL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been retained a grade? _____, If yes please explain. _____

Do you suspect or have you identified that your child has a learning disability? If so, please explain the situation? _____

Does your child have any physical or or learning needs that require special facilities for teaching? Please explain. _____

Is your child currently on an IEP or in process or has a 504? Yes ____ No ____

When If yes, when did your child's IEP or 504 begin? Year and date _____

Primary disability and other disability categories _____

Medical needs _____

Food Allergies if any _____ Food Preferences _____

Any other physical or emotional needs that we should know about your child

Please write a brief history of your children's educational experience. Include any difficulties not mentioned above

Academic interests or strengths _____

What has worked so far in schooling and and what hasn't for your child _____

Describe your child including his/her disposition, perceived strengths and weaknesses

The way he/she relates to others _____

Favorite pastimes, physical, artistic, or musical interests

HERITAGE COMMUNITY SCHOOL

A CHARLOTTE MASON CHRISTIAN EDUCATION

With this application you received information about the school program with mission and vision, parent handbook, school inclusion program, volunteering commitment, statement of faith, and the Charlotte Mason philosophy and curriculum used in Heritage School.

Please read them carefully and sign below if you are in agreement.

Parent/Legal Guardian _____ Relationship _____ Date _____

Parent/Legal Guardian _____ Relationship _____ Date _____

ENROLLMENT TUITION AND FEES CONTRACT 2025 - 2026

	Application Fee one time	Registration yearly fee	New student assessment	Supplies fee Fall/Winter/Spring	Total Fees Fall start up
4 Full day week	40	50	30	150/100/100	\$300
Mornings only	40	50	30	100/75/75	\$250
Afternoons only	20	20	0	Included in tuition	\$40

Enrollment choice and tuition

	Tuition full year	Payment 10 months Aug - May	Payment 9 months Sept-May	By month Sept. Oct, Jan. Feb, April, May
Full days	\$ 4,800	\$480	\$533	
Mornings only	\$ 3,200	\$320	\$355	
Afternoons only	-	-		\$200

DISCOUNTS

Siblings: minus 20%, Family Budget request: from 10% - 20% by request

Church Staff - 20%

Annual paid in full by August 1st- minus 5%

Triannually (3 payment) Sept 1, Dec 1st, March 1st minus 3

Final Payment schedule To be determined based on school attendance, payment schedule choice , discounts, This will be filled out after the top portion is filled and approved by the school.

[illegible]

HERITAGE COMMUNITY SCHOOL

I understand that my signature on this agreement acts as a statement of intent and holds a place for my children(ren) for the 2025 - 2026 academic year. I agree to the stipulations below and agree to pay our tuition.

Early Withdrawal

A 30-day written notice must be received for early withdrawal of students. Families are responsible for tuition during the final 30 days, even if their child is no longer receiving instruction in the class.

Late Tuition Fee

A \$15.00 late fee is charged to a family's account when monthly tuition is received after the 10th of the month. Tuition is due on the 1st. There is a 10-day grace period

I understand that my signature on this agreement acts as a statement of intent and holds a place for my children(ren) for the 2025 - 2026 academic year. I agree to the stipulations below and agree to pay our tuition.

Early Withdrawal

A 30-day written notice must be received for early withdrawal of students. Families are responsible for tuition during the final 30 days, even if their child is no longer receiving instruction in the class.

Late Tuition Fee

A \$15.00 late fee is charged to a family's account when monthly tuition is received after the 10th of the month. Tuition is due on the 1st. There is a 10-day grace period.

PARENTS/GUARDIANS SIGNATURES

_____ DATE _____

_____ DATE _____

Student Permission Forms

Turned in After enrollment is completed and before school or summer classes started

1. Field Trips, Outings, Special Subjects, Injury, Photography
2. Medical Contact Information form
3. Emergency Contact information form

HERITAGE COMMUNITY SCHOOL

PERMISSIONS FOR FIELD TRIPS, & OUTINGS, SPECIAL SUBJECTS, INJURY, PHOTOGRAPHY

I hereby consent to my child(ren) **participating in any field trips** taken by their class or as a member of a school group. These field trips may be taken on foot, bicycle, bus, or by private car to a desired location. I understand that HCS will notify me in advance of each field trip or off campus excursion in advance one week before the outing. This permission is granted for all trips for the 2024-2025 school year. I will advise the school in writing if permission is withdrawn at any point during the school year.

Parent/Guardian Signature _____

I consent to my child(ren)'s participation in classes, activities, field trips, and other school sponsored events on and off campus of The Heritage Community School. I acknowledge that participation in these activities may expose the above named child to the possibility of **injury**. I hereby give permission to the teachers and staff of the school to seek medical attention for the child in the event of an illness, accident, or injury during school activities or field trips.

Parent/Guardian Signature _____

I acknowledge that students participating in **handwork, woodworking, gardening**, and other activities important to the education offered at The Heritage Community School will expose them to sharp objects, sewing needles, and tools. I acknowledge that they may also be exposed to **challenging physical movement**. I acknowledge that neither The Heritage Community School, nor its employees will be held responsible for **injuries** sustained at the school or on field trips. I hereby waive and release The Heritage Community School and its employees from any and all liability claims, demands, actions and/or damages that occur while attending classes, field trips, and school events, and assume all responsibility for named student, should an injury, accident or illness occur.

Parent/Guardian Signature _____

I, the above signed, do hereby consent to my child being **photographed** during school activities, field trips, and other school sponsored events on and off campus of The Siskiyou School. I understand that my child may appear in media sources on behalf of The Siskiyou School. I will advise the school in writing if permission is withdrawn at any point during the school year.

Parent/Guardian Signature _____

HERITAGE COMMUNITY SCHOOL

MEDICAL CONTACT INFORMATION FORM

Child's Name _____

PARENTAL AUTHORIZATION

In case of a serious accident or illness, I request that the school try to contact me. In the event that I cannot be reached, I hereby give permission to school personnel to act on my behalf to get my child to the emergency room via ambulance and authorize medical staff to administer any treatment deemed necessary.

Parent Signature/s _____

Date _____

Child's Medical Information

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Medical Insurance Provider _____

Medical Insurance ID # _____ Group # Plan # _____

KNOWN MEDICAL NEEDS

SEVERE Allergies _____

EPI Pen required*? _____

**Parents must provide the EPI Pen and specific instructions to the class teacher.*

MILD Allergies or Sensitivities

HERITAGE COMMUNITY SCHOOL

EMERGENCY CONTACT INFORMATION

Child's Name

It is vital that the school have current emergency contact information on this form at all times. Parents are responsible for notifying the school immediately of any changes made in the course of the school year to the information submitted below.

A new form **MUST** be completed **EACH YEAR** for **EACH STUDENT**.

*If there is **new** contact information, please update my records.*

Parent/Guardian

Name

Address

Cell Phone

Email

Parent/Guardian

Name

Address

Cell Phone

Email

Back-Up Contact Person

Name

Relationship to Child

Phone

Volunteering Forms

1. Parent Involvement & Requirements
2. Background Check authorization form
3. Field Trip Driver & Auto Maintenance Form
4. Immunization link

HERITAGE COMMUNITY SCHOOL

PARENT INVOLVEMENT

Parents can be involved in a variety of ways in your child's education

1. Supporting your child daily in readiness for school to learn optimally
2. Actively communicate and partner with your child's teacher
3. Participation during afternoon nature walks in parks
Sign up on the monthly calendar to attend afternoon excursions to the park or or field trips.
4. Field trips: Be a driver to transport children and accompany the group
5. Attend special events at school

VOLUNTEERING REQUIREMENTS

1. Willingness to meet or talk with the teacher in advance to go over the plan and expectations for the setting and activity.
1. For drivers transporting children that are not their own
 - complete the Auto Maintenance Report
 - provide proof of automobile insurance and meet minimum requirements for coverage.
 - Have a state or nationwide criminal records check completed

* A state or nationwide criminal records check is only required for those who would have direct unsupervised contact with children.

2. BACKGROUND CHECK AUTHORIZATION

I acknowledge receipt of this BACKGROUND CHECK AUTHORIZATION FORM and certify that I have read and understand it.

I hereby authorize The Heritage Community School to obtain criminal background and/or driving record reports from a third party utilizing a social security number trace as deemed necessary and appropriate. This authorization will take immediate effect when I sign below and will continue for the current school year.

I hereby authorize without limitation any law enforcement and/or local, state and/or federal agency, information service bureau, and Social Security Administration to furnish any and all background information, including criminal history and driving records (but not credit history) requested by any entity designated by The Siskiyou School to obtain such information on its behalf. I agree that a copy of this authorization shall be valid as an original.

I understand that my service is contingent upon investigation of my background, including but not limited to character, criminal, and arrest history. As an adult working with children at the Siskiyou School, I understand and agree to the following:

- I will support the faculty/staff while with students and parents.
- I will keep all issues pertaining to students, faculty, staff, and parents confidential and discuss only with assigned faculty and the administrator.
- I will report any suspicion of child abuse to assigned faculty and/or the administrator.
- I will serve students in a fair and impartial manner without discrimination based on race, sex, national origin, special needs or socioeconomic status.
- I will abide by all school policies and guidelines.

Printed Name

First: _____ Middle: _____ Last: _____

Maiden Name, Nicknames, or Aliases _____

Driver's License Number _____

Date of Birth _____

Current Address _____

Prior Addresses

Signature _____

State/ Date _____

This form will be kept secure at all times with our business director. If you have any questions in regards to this information, please contact the office.

HERITAGE COMMUNITY SCHOOL

3. FIELD TRIP DRIVER & AUTO MAINTENANCE REPORT (**Please** fill out if you might be driving. We need a new form every year.)

- 1) Fill out the *Background Check* (also in this packet) and the *Auto Maintenance Report* (below).
- 2) Email us your current **AUTO INSURANCE POLICY** (NOT insurance card). Email to cmrveducation@gamil.com

Please note that your auto insurance coverage must meet the requirements described below. If it doesn't, ask your insurance company to upgrade your coverage even just for the one field trip day and have them email or fax us your policy directly. The upgrade costs a few dollars and is quickly set up.

Insurance Policy Requirements to be a field trip driver:

Your insurance must meet or exceed the following minimum requirements:

- o \$100,000 per person
- o \$300,000 per accident for bodily injury
- o \$10,000 per accident for property damage
- o \$25,000 per person and \$50,000 per accident for uninsured motorist coverage
- \$15,000 per accident for personal injury protection

Name of Driver Year, Make, & Model

Vehicle Type

License Plate #

1. All seatbelts work properly. _____ Yes _____ No
2. Windshield wipers were replaced last year. _____ Yes _____ No
3. All lights inside & out work. _____ Yes _____ No
4. Parking brake holds securely. _____ Yes _____ No
5. Condition of the brakes is good/excellent. _____ Yes _____ No
6. The overall general condition of my vehicle is: _____Excellent _____Good _____Fair

of Seats **NOT** including driver & front passenger _____

Odometer Reading _____Date _____

Signature _____

4. OREGON HEALTH AUTHORITY: Immunization link

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/ImmRecords.aspx>