



ENROLLMENT PACKET

Admission Pages

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Enrollment Process

Initial Inquiry: Let us know you are interested in Seasons of Learning Education by submitting an email from the school website. You are also welcome to call the school director, Laura Blake 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 with the director or to the school 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 Seasons of Learning Education for your children by submitting an application and pay the nonrefundable application fee of \$40 by check made out to Charlotte Mason Education 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 it 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 if needed

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.

Seasons of Learning Education

Application for Admission

<<<<<<<<<<<<<ALL INFORMATION GIVEN WILL BE 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 SOLE? _____

What interests you in having your child attend SOLE?

Schooling Background

Most recent or current schooling: Homeschool, Private, or Public

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

DATES	GRADE	NAME OF SCHOOL	SCHOOL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Favorite pastimes, physical, artistic, or musical interests

Signatures

With this application you received information about the school program, parent handbook, volunteering commitment, philosophy and curriculum used in SOLE. Please read them carefully and sign below if you are in agreement.

Parent/Legal Guardian _____ Relationship _____ Date _____

Parent/Legal Guardian _____ Relationship _____ Date _____

SOLE School Year Tuition

Per Session - one month of 3 weeks

First time enrollment fee	\$50
Supplies fee	\$40
Tuition	\$220
Total Initial Fees	\$310
Regular monthly tuition and supplies	\$260
Discount for paying at the time of enrollment before August 1st - 4.5%	- \$10

Per Season- 3 months of 9 weeks

First time enrollment fee	\$50
Supplies fee	\$120
Tuition	\$660
Total Initial Fee	\$830
Regular monthly tuition and supplies	\$260
<i>Discount for prepaying full tuition and fees by the first day of the season By August 1st, Dec 1st, March 1st - 4.5 % At the time of enrollment 5.4 %</i>	\$ 660 - \$30 or \$35

Per Year - 9 months of 27 weeks

First time enrollment fee	\$50
Supplies fee	\$ 360
Tuition	\$1,980
Total Initial Fee	\$ 2,390
Regular monthly tuition and supplies	\$270
<i>Discount for prepaying full tuition and fees by by August 1st - 4.5% At time of enrollment 5%</i>	- \$ 90

2 days a day 12 hours per week

Session -3 weeks per month 36 hrs \$220

Season - 9 weeks 3 months 108 hrs \$660

Full Year 3 seasons, 27 wks 324 hrs \$1,980

SOLE Attendance and Tuition Preference

Check the class that is your preference

<i>Mixed Ages 6 to 9</i>	
<i>Ages 6/7 - (grades 1/2) or 8/9 - grades 3/4</i>	
<i>Either one</i>	

Check the days you want to register your child for

<i>Monday and Wednesday</i> <i>Note: 3 Mondays this year fall on holidays and during those weeks, class will be held on Wednesday and Fridays</i>	
<i>Tuesday and Thursday</i>	
<i>Either one is fine</i>	

Check the one you are interested in signing up your child

<i>By the Session - each month</i>	
<i>By the Season - every 3 months</i>	
<i>Yearly - 9 months</i>	

I am interested in paying tuition and supply fees for - check one

<i>Session - each month</i>	
<i>Season - every 3 months</i>	
<i>Yearly - once a year</i>	

The Schedule of 3 vs. 4 weeks

<i>I am fine with the schedule of 3 weeks on with one week off</i>	
<i>I prefer or need the schedule of a 4 week session in Sept. Oct. Jan. Feb. April, May (non holiday months)</i>	