



### STUDENT ENROLLMENT APPLICATION

Student's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Student to be enrolled for the year \_\_\_\_\_ - \_\_\_\_\_. Birthday \_\_\_\_\_

- Please complete one form per student.
- All items must be completed before this application can be processed.
- The submission of this application does not constitute enrollment.

Resident School District

\_\_\_\_\_ St. Helens (School) \_\_\_\_\_  
\_\_\_\_\_ Scappoose (School) \_\_\_\_\_  
\_\_\_\_\_ Other (District) \_\_\_\_\_ (School) \_\_\_\_\_

Parents' Names \_\_\_\_\_  
Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_  
Mom's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Dad's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If not parent/guardian, my child's LEARNING COACH is \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>SPECIAL SERVICES</b>		<b>Yes</b>	<b>No</b>
1.	Is your student currently on an IEP (Individualized Education Plan)? If yes, what school? _____ Name of Special Education Teacher _____		
2.	Are you currently in the process of working with a Special Education Team?		
3.	Is your child on a 504 Plan?		
4.	Has your child been identified as Talented and Gifted?		
5.	Is there a primary language spoken in the home besides English? If yes, what is language? _____		

**Non-Discrimination Policy:** No student, employee, or applicant for employment at SCFS shall, on the basis of race, color, gender, age, sexual orientation, religion, national origin, marital status, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any employment or educational program or activity.

\_\_\_\_\_ Admission to SCFS is contingent upon the availability of space, and therefore this application does not guarantee enrollment.

\_\_\_\_\_ I understand the school philosophy for my child and family.

\_\_\_\_\_ I agree to pay a nominal student activity fee for field trips.

\_\_\_\_\_ I authorize the release of my child's school records to SCFS.

\_\_\_\_\_ My child's immunizations are current.



## SCFS FAMILY CONTRACT

### COMMITMENTS OF PARENTS/LEARNING COACHES AND STUDENTS

1. Help create and follow student's Individualized Learning Plan (ILP).
2. Provide support & coaching, as per your child's ILP. Attend courses as outlined on Student's ILP.
3. Complete learning activities at home as required by course instructors and as outlined on the ILP.
4. Document student attendance and learning activities completed outside the classroom setting.
5. Meet weekly or biweekly with Education Coordinator at the agreed upon date/time, and bring up-to-date documentation of student learning activities and evaluation of those activities for review with the Education coordinator.
6. Use the Oregon Common Curriculum Goals, Foundations and Standards as instructional content.
7. Use instructional materials approved and provided by SCFS.
8. Participate in the annual Oregon statewide assessments and other evaluations outlined in the ILP.
9. Comply (student) with behavioral guidelines outlined in the SCFS handbook.
10. Parents and students will attend required and/or optional parent/family trainings, meetings, and activities.
11. Provide transportation for your child to attend Community Days, conferences, & school events.

### ROLE OF SCFS EDUCATORS

1. Plan and deliver specific courses that are in accordance with SCFS mission, philosophy and charter outcomes.
2. Use SCFS preferred instructional strategies in the classroom.
3. Meet weekly or biweekly with student and parent/learning coach at the agreed upon date/time.
4. Accurately maintain and record student attendance, instructional hours and student performance outcomes.
5. Work with families to create and adhere to student ILP.
6. Monitor student progress towards meeting goals of the ILP.
7. Provide lessons, instruction and student assessment.
8. Work with families to select instructional materials.
9. Assist families with identifying community-based learning activities aligned with the program.
10. Keep the SCFS administrator informed of families' satisfaction or concerns with the SCFS program.
11. Provide trainings to parents/families as beneficial.

I understand and agree to the above and hereby, enroll my child in SCFS.

I also understand that, while it is my privilege and right to provide religious instruction for my child, I agree that no amount of time spent in religious or doctrinal instruction will be documented as part of my child's learning activities that are counted as instructional hours within SCFS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date