



3590 W. 18th Ave • Eugene, Oregon 97402 • 541-686-1223 • Fax 541-687-1493

PROCESS FOR ADMISSION

A. Visit Wellsprings

Before applying for admission, it is extremely helpful for prospective students and their parents to spend some time at the school talking with staff and other students. During the school year, we ask that a prospective student spend one entire day at Wellsprings, to experience the life of the school and to provide more of a concrete basis for deciding whether Wellsprings is the school for her/him. During the summer, we encourage students and parents to visit the school for a tour, during which you can see the facilities and get a 'feel' for the daily life of the school through seeing the layout of our classrooms, student artwork, etc. A staff member will describe our program in detail and answer any questions.

B. Waiting List

For the past several years, Wellsprings has had to place some prospective students on a waiting list. We admit students at any time during the first three-quarters of the school year, whenever there is an opening. Due to a variety of factors, *openings do occur throughout the year*, though of course the timing is unpredictable. Our experience has been that almost all students on the waiting list are at some point able to start attending. The wait may be only a few days, or as long as a few months.

To qualify to be on the waiting list, a student must have (1) visited the school and (2) submitted a completed application. Our general principle is that students on the waiting list are admitted on a 'first come, first served' bases. However, though it occurs rarely, we do sometimes admit a particular student out of sequence (i.e., ahead of others who have been on the list longer) due to the nature of that student's personal circumstances. We encourage every student who thinks they want to attend Wellsprings to complete steps (1) and (2) as early as they can.

Please note that we often have a large number of applicants by the end of the school year for admission in the following September. It is recommended that prospective students applying for fall admission not wait until the end of August but rather apply as early in the summer as possible.



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C. Individual Interview with Prospective Student and Parent/s or Guardian

The final step in our admission process is the interview, which is more like a conversation. It offers a chance for students, parents, and staff of Wellsprings to deal openly and honestly with questions and concerns a potential student or parent may have. During the interview we will:

- Answer any questions.
- Talk about student and parent expectations of Wellsprings.
- Talk about Wellsprings expectations of students, about what it means to be involved in this learning community.
- Talk about past school experiences and articulate what needs to be changed for a student to experience success.
- Talk about the student's interests and goals.
- Explore the reasons for wanting to come into the program: this is one of the most important things we discuss.

D. Enrollment

After we have fully explored together what the student needs and want, and what Wellsprings Friends School requires and is able to offer, we mutually decide if there is a good match and the student will be enrolled here.



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APPLICATION FOR ADMISSION

Date _____

Student's Name _____ Home phone _____

Street Address _____ City _____ Zip _____

Gender _____ Date of Birth _____ Ethnic/Cultural Identity

Parent/Guardian's Name _____ Relationship _____

Street Address (if different from student's) _____

City/Zip _____ Evening phone _____

Email Address _____ Cell phone _____

Employer _____ Work phone _____

Other Parent/Guardian's Name _____ Relationship _____

Street Address (if different from student's) _____

City/Zip _____ Evening phone _____

Email Address _____ Cell phone _____

Employer _____ Work phone _____

Last school attended _____ Last grade completed _____

Is this student currently on an Individualized Educational Plan (IEP)? ____ Yes ____
No

Has this student been suspended or expelled from another school? ____ Yes ____ No

Are there family or housing arrangements that we need to know about?

May we include your home phone number and address in a school directory? ____ Yes ____
No



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5. Why do you want to come to Wellsprings?

6. Which subjects are easy for you? How do you feel about them?

7. Which subjects are difficult for you? How do you feel about them?

8. How do you handle conflicts with others? How do you respond to stress?

9. What are you really good at? What do you love?



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PARENT / GUARDIAN (1) QUESTIONNAIRE

Student Name _____

Your Name _____

Wellsprings is committed to building community and seeks a strong partnership between the school and home. We assure confidentiality. As you fill out this questionnaire please be frank so that we may clearly and fully assess the needs of the student.

1. What do you want for your student as an outcome of her/his high school experience?

2. Tell us about your student's interests, abilities, and educational experience. Include successes, disappointments, and frustrations.

3. In what ways would your student agree or disagree with your perspectives?



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4. Is there anything about your family relationships that you'd like us to know?

5. Is there anything else we should know?

6. Adult participation in the Wellsprings community is greatly appreciated. Are there areas of special interest/abilities you might like to share?

7. How did you hear about Wellsprings Friends School?



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PARENT / GUARDIAN (2) QUESTIONNAIRE

Student Name _____

Your Name _____

Wellsprings is committed to building community and seeks a strong partnership between the school and home. We assure confidentiality. As you fill out this questionnaire please be frank so that we may clearly and fully assess the needs of the student.

1. What do you want for your student as an outcome of her/his high school experience?

2. Tell us about your student's interests, abilities, and educational experience. Include successes, disappointments, and frustrations.

3. In what ways would your student agree or disagree with your perspectives?



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STUDENT RECORDS RELEASE FORM

I authorize release and request a complete transcript, health records, special education records, behavioral records, Personal Education Plans, and psychological/personality evaluations to be sent to Wellsprings Friends School.

Student's Name _____

From (Name of Last School) _____

Address of Last School _____

_____ Phone _____

Signature of Parent/Guardian

Date



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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The undersigned parent or guardian of _____
(Student's full legal name)

hereby authorizes _____
(Name of treatment provider) (Leave blank)

to provide emergency medical or surgical treatment to this minor student.

This authorization will be effective from: _____ to _____.
(date) (date)

Student's Date of Birth _____

Parent Name _____ Home Phone _____

Home Address _____

Employer _____ Work Phone _____

Parent Name _____ Home Phone _____

Home Address _____

Employer _____ Work Phone _____

Other Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Health Insurance Co. _____ Group ID _____

Medical conditions, allergies, etc. _____

Current Medications

Is your child exempt from immunizations? _____ If no, please attach copy of records

Students may be given: _____ Tylenol _____ Advil _____ Tums _____ Cough Drops

Parent Signature _____ **Date** _____

EVERY EFFORT WILL BE MADE TO NOTIFY PARENTS IMMEDIATELY IN THE EVENT OF AN EMERGENCY, BEFORE TREATMENT IS PROVIDED.



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CLASS FIELD TRIP PERMISSION FORM

Because of our experiential emphasis, many of our classes go on short field trips to off campus locations during class-time. It is the policy of Wellsprings Friends School to require a signed permission from the student's parent/guardian for a student to participate in these activities. This form, when signed, will be kept on file to provide general authorization for such brief excursions, also including our occasional all-school field trips for bowling, skating, picnicking, etc. For other events such as overnight camping trips, we will continue to require specific separately signed permission slips.

If the student does not have a signed general permission form on file, he/she will not be allowed to leave the school grounds for such activities. The student will be given an alternative assignment; due to our small staff, however, he/she may be without immediate staff supervision during this class period.

If you have any questions please give the school a call.

I do give permission for my teenager to participate in class field trips.

I do not give permission for my teenager to participate in class field trips.

Student's Name: _____

Parent Signature: _____

Date: _____



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MUSIC AND MOVIE CLASS PERMISSION SLIP

From time to time our staff uses music and videos as part of their instructional tools. Some of the videos/documentaries may be rated 'R' or unrated. Some of the films may contain foul language, sex and/or nudity, violence, drug issues, and may be considered controversial. It is the policy of Wellsprings Friends School to require signed permission from the student's parent/guardian for a student to view 'R' or unrated films.

If the student does not have a signed permission form, he/she will not be allowed to view these films. The student will be given an alternative assignment during the showing of the film and then meet back with the class to join in discussions of the film.

If you have any questions please give the school a call.

_____ I do give permission for my teenager to view 'R' rated or unrated films shown during class time or on field trips to the theater.

_____ I do not give permission for my teenager to view 'R' rated or unrated films shown during class time or on field trips to the theater.

Student Name: _____

Parent Signature: _____

Date: _____



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Consent for Use of Photographic Images

I / we grant Wellsprings Friends School (WFS) and Northwest Exposures (NWE) permission to use photographic image(s), in which I / we / our son(s) or daughter(s) appear as subject(s), for purposes of exhibition, display, website, or other activities related to the publicity, promotion, or artistic purposes.

Use of these images may include selections of, or changes to, the originals, without any additional consent. I / we waive the right to prior inspection or approval of images, in which the persons named below appear as subjects, intended for use by WFS and NWE and / or the photographer(s).

I / we have read and understood the terms of this release and agree to them. We also waive future rights to control the use of images, in which the following named appear as subjects, by either WFS, Northwest Exposures, or the photographer(s).

Minor Release

The signature below indicates my / our consent to release the rights of the minor(s) listed below, under the terms described in the general release above.

Date _____

Printed Name(s) of Minor(s) and age(s):

Printed Name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian _____

Exclusion

____ No, I do not want my child's photo included in any public materials produced by the school.

Parent Signature _____