



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

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### APPLICATION FOR ADMISSION

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student Cell # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnic/Cultural Identity \_\_\_\_\_

Last school attended \_\_\_\_\_ Last grade completed \_\_\_\_\_

Is this student on an IEP?    Yes    No    Currently on a 504?    Yes    No

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

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address (if different from student's) \_\_\_\_\_

City/Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Other Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address (if different from student's) \_\_\_\_\_

City/Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Other Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

May we include your cell number and address in a school directory?    Yes    No



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## STUDENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please answer the following questions telling us as much as you wish to about yourself.*

1. How do you spend your free time?
  
  
  
  
  
  
  
  
  
  
2. How would your friends describe you?
  
  
  
  
  
  
  
  
  
  
3. What do you want from your high school experience?
  
  
  
  
  
  
  
  
  
  
4. What do you want to do after high school?
  
  
  
  
  
  
  
  
  
  
5. Why do you want to come to Wellsprings?



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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?

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



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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?

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



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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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### STUDENT RECORDS RELEASE FORM

I authorize release and request a complete record for the following student be sent to Wellsprings Friends School.

Student's Name: \_\_\_\_\_

Name of Last School: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Level \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

Please release copies of the following records:

School Transcript

SpED Records  
(Current IEP, most recent evaluation, behavior records)

Immunization Records





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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.

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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.

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\_\_\_\_\_ 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 Northwest Exposures 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, NWE, 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 \_\_\_\_\_



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### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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

hereby authorizes staff of Wellsprings Friends School to transport and seek emergency medical or surgical treatment to this minor student.

Student's Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ (Cell) Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Group ID \_\_\_\_\_

Medical conditions, allergies, etc. \_\_\_\_\_

Current Medications \_\_\_\_\_

This authorization shall be effective for as long as my student is enrolled at WFS.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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