WELLSPRINGS HIGH SCHOOL

APPLICATION FOR ADMISSION

Student's Legal Name _____ Preferred Name: _____

Gender: F ☐ M ☐ Non-Binary ☐ Other _____ Pronoun _____

Date of Birth _____ Race _____ Ethnic/Cultural Identity _____

Street Address _____ City _____ Zip_____

Student Cell # _____ Student Email: _____

Last school attended _____ Current Grade Level _____

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

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?

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?

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 their 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?

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?

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 their 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?

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?

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:_____

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:_____

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 / or professional 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 _____

WELLSPRINGS HIGH SCHOOL

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)

504 Records

Immunization Records

Please mail CUM file to:
Wellsprings High School
3590 W 18th Ave.
Eugene, OR 97402

WELLSPRINGS HIGH SCHOOL

CELL PHONE USE

Cell phones are an ever-increasing distraction from learning. The Wellsprings policy is that cell phones **shall not be used during class. Each classroom has a receptacle where the student's cell phone is placed as the student arrives in the classroom.** Permission may be given on a case-by-case basis regarding headphone use and should not be assumed for any given day. Headphones and cell phones shall be put away completely during Morning Circle, Silent Circle and Community Meeting. If inappropriate cell phone use must be addressed by the teacher more than twice in a class, the student will be told to surrender their cell phone to the teacher or to leave the class if they are unwilling to have their phone held for the remainder of the period. Credit is NOT awarded to students who do not participate in class. Persistent inappropriate use of cell phones will result in the loss of cell phone privileges during school hours. In that case, the student's cell phone must be turned into the Registrar before the start of 1st period. It will be returned at the end of the school day.

Parents/Guardians are requested not to contact their child by text or phone call during school hours, except in the case of an emergency. When a non-emergency message needs to be relayed to a student, the school office should be called, and the message will be delivered during a break between classes or during lunch.

I (student)_____ agree to abide by the school's cell phone policy and understand that failure to do so may result in being required to turn my phone into the front office during each school day.

I (parent) _____ agree to encourage my student to follow the cell phone policy. If I need to contact my student, I will call the front office.