Alger Learning Center and Independence High School 121 Alder Drive, Sedro-Woolley WA 98284 Phone: 360-595-2630 Fax: 360-595-1141 Email: freedom@independent-learning.com Website: www.independent-learning.com

<u>DI</u>	STANCE LEAF	KNING PR	OGRAM - STUD	<u>ENT INFORMAT</u>	<u>ION</u>
Today's Date		En	rollment Date (if differ	rent)	
Student's Name	/T!			SSN	
Address		ddle, Last)		ocial Security Number)	
Address					
City					
Student Home Phone Birthdate					
Student's Immunization S					
Grade Level as of today					
Prev. School(s) Attended _					
(Use back if necessary)_					
Will student dual-school?					
Are you earning a diploma					
Please list student's interes					-
Does this student have any					
Student email address					
	PAR	ENT/GUA	RDIAN INFORM	<u>IATION</u>	
Parent/Guardian		Sign	ature (if student unde	r 18)	
Occupation			Employer		
Educational Background _	, <u>, , , , , , , , , , , , , , , , , , </u>				
	·				
Parent/Guardian		Sign	ature (if student unde	r 18)	
Occupation			Employer		
Educational Background _		·			

PLEASE COMPLETE ALL PAGES

ADDITIONAL STUDENT & PARENT/GUARDIAN INFORMATION
How did you hear about The Alger Learning Center?
Why is the student transferring from his/her previous school?
Has the student ever been expelled from any school? If yes, please explain briefly
Are there any student allergies or medical conditions we should know about? If yes, describe briefly
Is he/she presently under doctor supervision? Using medication?
Has the student/family had any experience with homeschooling, unschooling, or independent learning?
If yes, please explain briefly:
Does this student have specific plans after graduating from high school?
If yes, please describe briefly
Does this student plan on attending: Community College? Four-year College/University?
Does this student plan on transferring credits to another elementary, middle or high school?
Please provide work & home phone numbers, and email address of parents/guardians:
Mother: Work Homeemail address
Father: Work Homeemail address
Emergency contact name(s) and telephone number(s) in case parents/guardians are unable to be reached
Name(s)
Phone No(s)email
Relationship

NOTICE OF POLICY OF NONDISCRIMINATION

The Alger Learning Center/Independence High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational policies, or other school-administered programs.

PLEASE COMPLETE ALL PAGES

STUDENT & PARENT RESPONSIBILITIES

- ✓ With the contact teacher, prepare grade K-8 goals and objectives and/or grade 9-12 course contracts, and provide instruction in each of the 11 required subjects in grades K-8 or the 19 minimum required credits for grades 9-12.
- ✓ Furnish the Alger Learning Center with documentation for instruction totaling at least 1000 hours over not less than 180 days.
- ✓ Meet all additional requirements of my state and/or country as explained by ALC staff and
 my own school district.
- ✓ Keep tuition and any other fees current. Official records (i.e., diplomas and transcripts) will not be released until all outstanding fees have been paid.

As the parent or legal guardian, I understand that the education of my child is my sole responsibility and not that of the Alger Learning Center/Independence High School Staff. I also understand that failure to comply with any of the above could result in the termination of my child's enrollment in Alger Learning Center/Independence High School.

Parent Signature(s)	
Date	
TUITION INFORMATI	ON & POLICY
The cost of the Distance Learning Plan is \$2,100 payment options on reverse. There is also a one-time e Applicable fees are due upon enrollment, and prior weeks notice must be given prior to withdrawing. All fees are nonrefundable unless.	nrollment fee of \$50, and an exit fee of \$50. r to contracted service thereafter. At least two
Payment Plan Selected	
Person responsible for paying tuition	
Relationship	
Mailing address	
City State	Zip
VISA or Mastercard 16-digit Credit/Debit Card No.	
Expiration Date 3-digit CVC/CVV Number in Signature	re Box
Signature of individual(s) responsible for tuition	Date

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TUITION INFORMATION Distance Program

(Note: All Payment Plans require an additional non-refundable \$50 enrollment fee, and an additional \$50 exit fee)

- **Annual Payment Plan:** Tuition of \$1,900 for a year's enrollment will be paid in advance (\$200 discount).
- **Bi-Yearly Payment Plan:** Tuition will be paid in two equal installments of \$1,000 (\$100 discount). The first installment is due upon enrollment and the second installment is due six months after enrollment.
- **Tri-Yearly Payment Plan:** Tuition will be paid in three equal installments of \$675 (\$75 discount). The first installment is due upon enrollment, the second installment in 120 days, and the third installment in 240 days.
- *Monthly Payment Plan: Tuition installments of \$175 each month will be paid in advance of service twelve months a year. Students who wish to enroll for a ninemonth school year will pay \$233 monthly.

*We are a year-round school, and tuition is charged monthly at a rate equivalent to \$2,100 per year.

A 15% discount is offered on the tuition fee for each additional sibling enrolled.

Please provide credit/debit card information on your application; tuition payments will be charged on each payment date, if you choose this method.

Tuition payments past due in excess of 60 days may result in the student being withdrawn from the program, and a re-enrollment fee will apply. Transcripts, records, and diplomas will be held until all outstanding fees are paid in full.