

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

LOCAL ASSISTED LEARNING PROGRAM - STUDENT INFORMATION

Today's Date _____ Enrollment Date (if different) _____

Student's Name _____ SSN _____
(First, Middle, Last) (Social Security Number)

Address _____

City _____ State _____ Zip _____

Student Home Phone _____ Student FAX Number _____

Birthdate _____ Gender: Male _____ Female _____ Nationality _____ Race _____

Student's Immunization Status (please list exemptions) _____

Grade Level as of today _____ Month/Year of estimated graduation from high school _____

Prev. School(s) Attended _____ City _____ State _____ Dates _____
(Use back if necessary) _____ City _____ State _____ Dates _____

Will student dual-school? _____ If yes, where? _____

Are you earning a diploma from Independence High School? _____ Do you have enrolled siblings? _____

Please list student's interests: _____

Does this student have any known learning differences? _____ If yes, please describe: _____

Will student have access to a computer? _____ To the Internet? _____

Student email address _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Signature (if student under 18) _____

Occupation _____ Employer _____

Educational Background _____

Parent/Guardian _____ Signature (if student under 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 _____ Home _____ email address _____

Father: Work _____ Home _____ email 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

- * Ensure the student meets with teacher/ consultant no less than an average of 4 hours per month.
- * Meet any additional state requirements as explained by your teacher/ consultant.
- * 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.**

ALC/HIS RESPONSIBILITIES

- * Provide documentation of instruction for annual totals of 1000 hours of instruction over no less than 180 days.
- * Provide instruction in the 11 required subjects, K - 8, and the 20 required credits, 9 - 12.
- * Prepare grade K-8 goals and objectives and grade 9-12 course contracts within 20 days of enrollment.

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 INFORMATION & POLICY

The cost of the **Local Assisted Learning Program** is \$4,800 per year, with discounts available; **see the payment options on reverse**. There is also a one-time enrollment fee of \$100, and an exit fee of \$100. Applicable fees are due upon enrollment, and prior to contracted service thereafter. At least two weeks notice must be given prior to withdrawing. **All fees are nonrefundable unless previously arranged.**

Payment Plan Selected _____

Person responsible for paying tuition _____

Relationship _____

SSN _____

Mailing address _____

City _____ State _____ Zip _____ Phone _____

VISA or Mastercard 16-digit Credit/Debit Card No. _____

Expiration Date _____ 3-digit CVC/CVV Number in Signature Box _____

Signature of individual(s) responsible for tuition _____ Date _____

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TUITION INFORMATION

Local Program

(Note: All Payment Plans require a non-refundable \$100 enrollment fee, and an additional \$100 exit fee)

Annual Payment Plan: Tuition of \$4,300 for a year's enrollment will be paid in advance (\$500 discount).

Bi-Yearly Payment Plan: Tuition will be paid in two equal installments of \$2,250 (\$300 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 \$1,550 (\$150 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 \$400 each month will be paid in advance of service twelve months a year. Students who wish to enroll for a nine-month school year will pay \$533 monthly.

** We are a year-round school, and tuition is charged monthly at a rate equivalent to \$4,800 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.