



Enrollment Checklist

Phone: 541-942-9707 ~ Fax: 541-942-7884

Location: 195 N. 6th St, Cottage Grove

Website: www.AceClassicalEd.org

Submit this completed "Enrollment Checklist" with all required fees & documents:

- 1) Mail to P.O. Box 1652, Cottage Grove, OR 97424
- 2) Place in ACE drop-box located at 195 N. 6th Street, Cottage Grove
- 3) Turn into ACE Office (call for times)

Required Enrollment Fees & Documents FT (Full-time students)/ PT (Part-time students)		Required? Yes = Y	Parent – ✓ if complete	Office Use Only <hr/> Date Rec'd
1	FT: \$75 <i>Activity Fee</i> (\$50 if paid before 5:00PM, June 1) (<i>Application for Reduced Fees Form</i> - available ACE website or office)	Y		
2	FT (PT- only if using library for tutoring books): \$75 <i>Text Book & Uniform Deposit</i> (\$50 if paid before 5:00PM, June 1)	Y		
4	FT/PT: <i>Student Registration Form</i>	Y		
5	FT/PT: <i>Medical Information & Emergency Consent Form</i>	Y		
6	FT/PT: <i>Emergency Contact/Parent Designee/ Authorization Form</i>	Y		
7	FT: <i>Enrollment Contract</i>	Y (FT)		
8	PT: Read & agreed to terms in <i>ACE Part-time Booklet</i>	Y (PT)		
9	PT: ESD letter showing current homeschool status or letter from private school verifying enrollment	Y (PT - for ages 7 & up)		
10	FT/PT: <i>Immunization Record</i> (any changes from previous year must be noted & verified with parent signature)	Y (for new students only)		
11	FT/PT: Copy of student's birth certificate (or other document with "Proof of Age")	Y (for new students only)		
	OFFICE only: Parent withdrew student from current school, notified school of enrolling in ACE, & student will no longer attend.	New students only		
	OFFICE only: Student Records (K- 8 th)/ Transcripts (9 th -12 th) Request (we will request); Not required for students who have always been homeschooled.	New students only		



REGISTRATION FORM

School Year _____

STUDENT INFORMATION (Print legibly & complete entire form)

Student Name: _____ Last school year's grade: _____ Birth Date: ____ / ____ / ____
(First) (Middle) (Last)

Social Security Number: _____ Home Phone: _____ Shirt size: _____

Student Lives With: Mother Father Other: _____

Student Resident Address: _____
(Street Address) (City) (ZIP)

Mailing Address if Different: _____
(Street Address) (City) (ZIP)

List All Children In Order Of Birth <small>(List additional children on the back):</small>	Birth Date	Gender:	Ethnicity <small>Circle: [A]sian [B]lack [H]ispanic [N]ative American [W]hite</small>	Name of School Attending:
	____ / ____ / ____	[] M [] F	A. B. H. N. W.	
	____ / ____ / ____	[] M [] F	A. B. H. N. W.	
	____ / ____ / ____	[] M [] F	A. B. H. N. W.	
	____ / ____ / ____	[] M [] F	A. B. H. N. W.	
	____ / ____ / ____	[] M [] F	A. B. H. N. W.	

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ **Mother's Email:** _____

Address: _____
(Street Address) (City, State, Zip)

Home Phone: _____ Cell Phone: _____ Mother's Employer: _____

Father's Name: _____ **Father's Email:** _____

Address: _____
(Street Address) (City, State, Zip)

Home Phone: _____ Cell Phone: _____ Father's Employer: _____

Legal Guardian: _____ **Guardian Email:** _____
(Name) (Relationship)

Address: _____
(Street Address) (City, State, Zip)

Home Phone: _____ Cell Phone: _____ Guardian's Employer: _____

MISCELLANEOUS INFORMATION

Name of Last School Attended: _____

City: _____ State: _____ Phone: _____

Has Your Child Ever Attended a South Lane School? Yes No

Has Your Child Received Special Services? Yes No When? _____ Where? _____

Mark all that apply: Special Education TAG 504 Plan Behavioral Assistance Academic Assistance



Academy for Character Education
Enrollment Contract for 2012-2013 School Year

Student's Name _____ Student's Name _____

Student's Name _____ Student's Name _____

Student's Name _____ Student's Name _____

I, _____, parent/guardian for the above named student(s) will read the ACE handbook (available at the Parent/Student Orientation) and abide by all the policies and procedures as deemed appropriate by the Academy for Character Education charter school.

I understand that my child's registration is not complete until this unedited form is signed. ACE may deny my child's entrance into the school without this completed and signed form.

Parent/Guardian Signature

Date



Character Commitment

Student Name: _____

Date: _____

To be completed at AIMS meeting

Parent/Guardian's Character Commitment

I want my child to succeed, so I will encourage him/her by doing the following:

- *Home-Linked:* I will make every effort to help with home-linked assignments, talk to my child about what they are learning, and support them in getting their Home-Linked Assignments done each week.
- *Personalized:* I will be involved with my child's education by attending AIM Meetings and other school functions if at all possible.
- *Classical:* I will support ACE in its efforts to maintain a classical environment.
- *Character:* I will support ACE in its efforts to maintain proper discipline, as well as make sure my child attends school regularly and on time. I will contact the school when I have questions or concerns.

Parent/Guardian Signature: _____ Date _____

Student's Character Commitment

I want to succeed in school, so I will strive to do the following:

- *Home-Linked:* I will talk to my family about what I am learning, complete my Home-Linked Assignments, and turn them in when due.
- *Personalized:* I will voice my desires at AIM Meetings, do my best work at all times, and fulfill my Student Service Contract.
- *Classical:* I will support ACE in its efforts to maintain a classical environment.
- *Character:* I will obey school rules by respecting myself, respecting others, and respecting property. I will come to School Community Day regularly, on time, and ready to learn. I will contact the school when I have questions or concerns.

Student Signature: _____ Date _____

Academic Dean's Character Commitment

I believe that it is important for students to achieve, so I will strive to do the following:

- *Home-Linked:* I will ensure communication with students so that they can complete their Home-Linked Assignments each week.
- *Personalized:* I will ensure personalized AIM Meetings and arrange a Student Service consultation, promoting the success of each student individually.
- *Classical:* I will support the entire school in its efforts to maintain a classical environment.
- *Character:* I will ensure that fellow teachers, students and parents follow the character guidelines to benefit everyone. I will encourage and assist in good communication to enable everyone to voice their questions or concerns.

Academic Dean's Signature: _____ Date _____



Medical Information & Emergency Consent

Student Name: _____

2012/2013 School Year

Child's Name

First Middle Last Phone (Home)

Father's Name

First Last Phone (Cell/Work)

Mother's Name

First Last Phone (Cell/Work)

Doctor

Address

Phone

Dentist

Address

Phone

Illnesses: Please mark if your child has had any of the following:

- | | | | |
|--|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Bee allergies | <input type="checkbox"/> German Measles | <input type="checkbox"/> HIV | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Pneumonia |

Physical conditions or illnesses that could affect my child while in your care: _____

Medications my child is currently taking (must be updated regularly): _____

Name of Insured: _____

Medical Insurance: _____
Company and Policy #

Permission is given to ACE for the following:

- ACE may call an ambulance if necessary
- ACE may take my child to physician or hospital

I understand that any expenses are my responsibility.

Signature _____ Date _____

Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the medicine Practice Act, or to x-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

I (Parent/Legal Guardian) _____ and/or _____ (Parent/Legal Guardian) understand the above and hereby authorize The Academy for Character Education to give permission for any necessary medical, hospital, or dental treatment for my child (name) _____ in the event of injury or illness, while the child is in the care of the above named school. I understand and agree that I am financially responsible for any such expenses.

I understand that any attempt to contact the parent/guardian will be made first (providing a life threatening situation does not allow time without jeopardizing the child's life).

Signature _____ Date _____

Signature _____ Date _____



Emergency Contact/Parent Designee Authorization Form 2012-2013 School Year

Student Name: _____
(Last) (First)

EMERGENCY CONTACT INFORMATION (Other than guardian)

In the event of an emergency, the school will attempt to contact parents/guardians. If they cannot be reached, the school will attempt to contact the emergency numbers listed on this form. If neither can be reached or if the emergency is serious in nature, 911/Emergency services will be contacted.

PARENT DESIGNEES

1st Emergency Contact: _____ Relationship: _____
Phone (H): _____ Phone (W): _____ Phone (Other): _____

2nd Emergency Contact: _____ Relationship: _____
Phone (H): _____ Phone (W): _____ Phone (Other): _____

3rd Emergency Contact: _____ Relationship: _____
Phone (H): _____ Phone (W): _____ Phone (Other): _____

PARENT DESIGNEE AUTHORIZATION

I authorize the above mentioned people to act as my representative during the 2012-2013 school year. He/She may supervise my child, administer discipline, sign official ACE documents, and in the event of an illness or accident, transport my child to the emergency room/hospital and authorize emergency medical treatment.

MISCELLANEOUS AUTHORIZATIONS

With prior notice, do you give the school permission for your child to go on planned field-trips during the school day? YES NO

Do you wish to have your child excluded from certain school/holiday celebrations for religious reasons? If so, please list _____ YES NO

Do you give permission for publication of information about and photos of your child within the school (announcements, bulletin boards, hallways, display cases, etc.)? YES NO

Do you give permission for publication of information about and photos of your child outside the school (school and student newspapers, websites, local news)? YES NO

Please notify the school if there is a non-custodial parent or any special joint custody situation.

Signature of Parent/Guardian

Date

ACE SCHOOL UNIFORM ORDER FORM

Student Name: _____ Student Level: _____

For the 2013-2014 school year, ACE will purchase ONE jumper, pair of pants, OR skirt and one sweater or blazer; these selections are based on a student's trivium level. A full-time student who remains for the entire school year may keep the pants, jumper, skirt, & sweater. Blazers & uniform shirts remain ACE property.

Please carefully consider your child's size as ACE will not purchase any additional uniform piece during the school year should your child outgrow the ones you ordered. If your student does not fit in the uniform you ordered, you will need to purchase the pieces needed.

Complete this form & submit it to the office or mail to ACE, PO Box 1652, Cottage Grove, OR 97424 by **July 12, 2013**. Families not making this deadline will be need to purchase their child's own uniform pieces from FrenchToast.com and the BlazerDepot.com.

Pre-Reader – Dialectic 2 student uniform jumpers, skirts, & pants sizing:

Girls - <http://www.frenchtoast.com/category/customer+service/sizing+information/girlsizes.do>

Boys - <http://www.frenchtoast.com/category/customer+service/sizing+information/boyssizes.do>

Dialectic 2, Rhetoric, & Staff blazer sizing:

Girls & Boys - http://blazerdepot.com/pages/acad/school_uniforms.html

Men & Women - http://blazerdepot.com/pages/mens_blazer/classic.html

Rhetoric & Staff pants & mid-length skirts sizing:

Go to website & click either “Dress Pants” or “Skirts” ‘Formal’, then go to style number

<http://www.choir-martaccessories.com/>

Men - 2025 – un-hemmed pants

Women - skirt – 6200 & un-hemmed pants – 2225 or 4400

	Boys Black Pleat-Front Double-knee Adjustable Waist Pants (65%/35%) \$19.00	Boys Red Anti-Pill V-Neck Cardigan \$21.00	Girls Black Pleated Jumper (100% poly) \$12.00	Girls Black Pleat-Front Pants (65%/35%) \$16.00	Girls Red Anti-Pill Crew-Neck Cardigan \$21.00	
Pre-Reader	SZ 4-7	SZ 4-7	SZ 4-6X	SZ 4-6X	SZ 4-6X	
Size to Order						
	Boys Black Pleat-Front Double-knee Adjustable Waist Pants (65%/35%) \$19.00	Boys Red Anti-Pill V-Neck Cardigan \$21.00	Girls Black Pleated Jumper (100% poly) \$13.00	Girls Black Pleat-Front Pants (65%/35%) \$16.00	Girls Red Anti-Pill Crew-Neck Cardigan \$21.00	
Grammar A	SZ 4-7 & 8-14	SZ 4-7 & 8-14	SZ 4-6X	SZ 4-6X	SZ 4-6X	
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Grammar B	SZ 4-7 & 8-14	SZ 4-7 & 8-14	SZ 4-6X/7 & 7-14	SZ 4-6X & 7-14	SZ 4-6X & 7-14	
Size to Order						
	Boys Black Pleat-Front Double-knee Adjustable Waist Pants (65%/35%) \$22.00	Boys Red Anti-Pill V-Neck Cardigan \$21.00	Girls Black Pleated Skirt (100% poly) \$13.00	Girls Black Pleat-Front Pants (65%/35%) \$18.00	Girls Red Anti-Pill Crew-Neck Cardigan \$21.00	
Grammar C	SZ 8-14 & 16-20	SZ 8-14	SZ 4-6X/7 & 7-14	SZ 7-14	SZ 7-14	
Size to Order						

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Grammar C	SZ 8-14 & 16-20	SZ 8-14	SZ 4-6X/7 & 7-14	SZ 7-14	SZ 7-14	SZ 7-14
Size to Order						

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