

Wheels of Life School Application – for 2007-08

DEADLINE FOR SUBMISSION: June 1, 2007

We are requesting:

___ 4 Days ___ 5 Days

___ 10 months ___ 12 months Tuition Payment

Student Information

Student's name Date of Birth

Telephone #s

Address

Family & contact information

1st Household:

Parents'/Guardians' Names(+ relation to child)

Phone Numbers

Address

E-mail address

Please indicate postal or e-mail preference for mailings & notifications

2nd Household(if applicable):

Parents'/Guardians' Names(+ relation to child)

Phone Numbers

Address

E-mail addresses

Please indicate postal or e-mail preference for mailings & notifications

Wheels of Life School Pre-Interview Surveys

STUDENTS: The first part of this application is for you to fill out. Feel free to be creative, this is one of the ways that we are using to get to know you. Ask for help as much as you need.

Full name _____

Date _____

Name that you would like to be called _____

My Parents' names _____

My family is composed of:

_____, age _____, _____, age _____

_____, age _____, _____, age _____

I've been home schooled for _____ years (if applicable)

I am now completing grade _____ at _____ school.

I like to (circle one or more):

read	research	invent	draw
talk	hike	bike	skateboard
study	build things	dance	paint
garden	explore	learn	sew/knit
create things	cook	swim	solve mysteries
watch TV	play board games		work puzzles

Other:

I like to play this sport: _____

I like to play this musical instrument: _____

(Please check all that apply)

I most enjoy learning: _____ on my own _____ in small groups
_____ in large groups

I learn best by: _____ listening _____ seeing/observing
_____ using my hands or body.

I would like to learn MORE about:

The thing(s) I like most about school outside of free choice time:

The thing(s) I dislike most about school:

If I could teach one subject or idea or project, it would be:

I would like to attend Wheels of Life School because:

OK, YOU'RE FINISHED WITH YOUR PART!

The next part of getting to know you is the interview. After we review your application we'll give you and your parents a call to set a time to come in to talk with us. At that time we would like you to bring something that's important to you with you to the interview.

PARENTS:

Contact numbers for a significant adult involved with the student:

Name/Relationship	Home #	Work #	Cell #
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Is your child being seen by an MD or therapist for any reason which might affect participation in this program?

If so, please explain, including medications.

What are your child's key needs?

In what ways do you see these needs being met by Wheels of Life School?

Has your child been in any Special Education or Highly Capable Learner programs?

Pls. explain.

Please describe briefly the student's past educational experience (e.g. home school, public school [where?], private school [which one?]):

Why are you seeking a change in your student's school?

Thanks!!

Please Return all four pages of this application & a \$40.00 non-refundable application fee (made payable to Wheels of Life School or Kari Gill)

1918 Academy Rd. Bellingham, WA. 98226

If you have questions about the application process, please contact Kari Gill - Head Learner at wheelsoflifeschool@yahoo.com or 714-9917

Wheels of Life does not discriminate on the basis of race, color, national or ethnic origin, religious beliefs, gender or sexual orientation in admission, in administration of its educational policies, tuition assistance, or education.

Learners' Rights and Responsibilities

1. We have the right to be respected and make our own choices and the responsibility to respect others and their choices.
2. We have the right to feel safe and the responsibility to make sure others feel safe.
3. We have the right to be heard and the responsibility to listen so others can be heard.
4. We have the right to learn and the responsibility of making sure our school is a place where others can learn.
5. We have the right to use materials and the responsibility to put things we use away and treat others respectfully if they also want to use these materials.
6. We have the right to have our personal spaces (desks and cubbies) be kept private and the responsibility to respect the privacy of others.
7. We have the right to have fun and the responsibility to help others have fun.
8. FOR ADULT LEARNERS- We have the right to question the learning process our child is involved in and the responsibility to communicate our concerns in a constructive conversation with Kari and other teachers.

Student Agreements

1. I agree to participate in creating detailed learning portfolios to document work, and to use these portfolios for learning assessment purposes.
2. I agree to participate in individual and group learning projects.
3. I agree not to undermine the interests of others or to discourage them by making negative comments.
4. I agree to attend class, community projects and meetings on time.
5. I accept responsibility of caring for my school and materials.
6. I agree to work with others to establish personal learning goals, and put effort towards those goals to the best of my ability.
7. I agree to be honest with myself and others when the goals we set are unrealistic, not challenging enough, or need to be rethought.

Please initial indicating that: Student_____Parent_____Date_____

- 1) you (parents/guardians) have read the entire document
- 2) you have discussed the above page with your child/ren and
- 3) you agree in principle with this declaration of learners'rights & responsibilities and student agreements.