



Enrollment Checklist

Phone: 541-942-9707 ~ Fax: 541-942-7884
 Location: 195 N. 6th St, Building C, Cottage Grove
 Website: www.AceClassicalEd.org

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

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

Required Enrollment Fees & Documents		Parent – ✓ if complete	Office Use Only _____ Date Rec'd
Completed registration forms and fees are required before placement testing can occur. No post-dated checks accepted.			
1	New Students: \$150/student <i>Text Book & Uniform Deposit (\$125 if paid before 5:00 p.m., May 1)</i>		
2	New Students: \$100/student <i>Activity Fee (\$75 if paid before 5:00 p.m., May 1)</i> <i>Application for Reduced Fees Eligibility Form</i> - available upon request from school office. Reduced fees only apply to multiple students within same family.		
3	Returning Students: \$100/student <i>Activity Fee (\$50 if paid before 5:00 p.m., May 1)</i> <i>Application for Reduced Fees Eligibility Form</i> - available upon request from school office and due by April 17 if reduced fees requested. Reduced fees only apply to multiple students within same family.		
4	<u>New & Returning Students:</u> <i>Full Time Enrollment Form</i>		
5	<u>New & Returning Students:</u> <i>Medical Information & Emergency Consent Form</i>		
6	<u>New & Returning Students:</u> <i>Emergency Contact/Parent Designee Authorization Form</i>		
7	<u>New & Returning Students:</u> <i>Enrollment Contract</i>		
8	<u>New & Returning Students:</u> <i>Immunization Record</i> (Any changes from previous year must be noted & verified with parent signature)		
9	<u>New Students:</u> Copy of student's birth certificate (or other document with "Proof of Age")		
	OFFICE only: Parent withdrew student from current school, notified school of enrolling in ACE, & student will no longer attend.		
	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.		



Academy for Character Education

■ Character ■ Home-Linked ■ Personalized ■ Classical
 195 N. 6th Street, Building C, Cottage Grove, OR 97424
 Phone (541) 942-9707 Fax (541) 942-7884
 AceClassicalEd.org

Full Time Enrollment Form

FAMILY INFORMATION (Print legibly & complete entire form)

Family Last Name: _____

Home Phone: _____ Cell Phone: _____

Students Live With: Mother Father Other: _____

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

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

List <u>All</u> Children Enrolling in ACE (List additional children on the back):	(Street Address)		(City)	(ZIP)	Name of School Last Attended:	Grade at last school attended
	Birth Date	Gender:	Ethnicity			
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	Circle: [As]ian; [Af]rican American; American [Ind]ian/Alaskan; [Ha]waiian/Pacific Islander; [Hi]spanic/Latino; [W]hite	As. Afr. Ind/Ala. Ha/Pl. Hi/L. W.		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		As. Afr. Ind/Ala. Ha/Pl. Hi/L. W.		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		As. Afr. Ind/Ala. Ha/Pl. Hi/L. W.		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		As. Afr. Ind/Ala. Ha/Pl. Hi/L. W.		
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		As. Afr. Ind/Ala. Ha/Pl. Hi/L. W.		

- Student's language of origin, if not English: _____
- Student is eligible to participate in Free and Reduced Lunch program? Yes _____ No _____
(see income guidelines if unsure of eligibility)
- At any time during the school year did the student have a parent/guardian who was a member of the Armed Forces on active duty or full-time National Guard? Yes _____ No _____
- ACE creates email addresses for each family. What is the preferred last name to use for your school email address? _____

PARENT/GUARDIAN INFORMATION

Mother/Father
 Name: _____ Family Email: _____

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

Mother's Employer: _____ Father's Employer: _____

Legal Guardian: _____ Guardian Email: _____
(Name)

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

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

MISCELLANEOUS INFORMATION

Have any of your children ever attended a South Lane School? Yes No

If yes, please list the children's name of school attended:

Name School

Name School

Name School

Name School

Name School

Have any of your children received special services? Yes No

If yes, please provide the following information:

_____	_____	_____
Name	When?	Where?
Check all that apply:		
<input type="checkbox"/> Special Ed. <input type="checkbox"/> TAG <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavioral Assistance <input type="checkbox"/> Academic Assistance <input type="checkbox"/> Migrant Ed. <input type="checkbox"/> Indian Ed.		

_____	_____	_____
Name	When?	Where?
Check all that apply:		
<input type="checkbox"/> Special Ed. <input type="checkbox"/> TAG <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavioral Assistance <input type="checkbox"/> Academic Assistance <input type="checkbox"/> Migrant Ed. <input type="checkbox"/> Indian Ed.		

_____	_____	_____
Name	When?	Where?
Check all that apply:		
<input type="checkbox"/> Special Ed. <input type="checkbox"/> TAG <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavioral Assistance <input type="checkbox"/> Academic Assistance <input type="checkbox"/> Migrant Ed. <input type="checkbox"/> Indian Ed.		



Medical Information & Emergency Consent

FORM 2

Family Name: _____ School Year: _____

Name of Insured: _____

Medical Insurance: _____
(Company and Policy #)

Doctor: _____
(Name, Address and Phone #)

Dentist: _____
(Name, Address and Phone #)

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

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

_____ Asthma _____ Name Name	_____ Medication _____ Name
_____ Epilepsy _____ Name Name	_____ Medication _____ Name
_____ Diabetes _____ Name Name	_____ Medication _____ Name
_____ Measles _____ Name Name	_____ Medication _____ Name
_____ Bee Allergy _____ Name Name	_____ Medication _____ Name
_____ German Measles _____ Name Name	_____ Medication _____ Name
_____ HIV _____ Name Name	_____ Medication _____ Name
_____ Mumps _____ Name Name	_____ Medication _____ Name
_____ Chicken Pox _____ Name Name	_____ Medication _____ Name
_____ Hepatitis _____ Name Name	_____ Medication _____ Name
_____ Rubella _____ Name Name	_____ Medication _____ Name
_____ Pneumonia _____ Name Name	_____ Medication _____ Name

Please see reverse for medical consent!

Permission is given to ACE for the following:

- ACE may call an ambulance if necessary
- ACE may take my children to the 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 full-time students (list all students names):

_____ 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

Family Name _____ School Year _____

Student Names: _____

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: _____
Phone (H): _____ Phone (W): _____

Relationship: _____
Phone (Other): _____

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

Relationship: _____
Phone (Other): _____

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

Relationship: _____
Phone (Other): _____

PARENT DESIGNEE AUTHORIZATION

I authorize the above-mentioned people to act as my representative during the school year. He/She may supervise my children, sign official ACE documents, and in the event of an illness or accident, transport my children to the emergency room/hospital and authorize emergency medical treatment. Add additional names on back of form.

MISCELLANEOUS AUTHORIZATIONS/ AFTER SCHOOL PICK UP INFORMATION

Do you give permission for your student's directory information (name, address, phone) to be given to postsecondary institutions, prospective employers, or military recruiters? 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, yearbook, etc.)? YES NO

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

Do you wish to have your child excluded from certain school/holiday celebrations for religious reasons? If so, please list (ACE does not celebrate Halloween.) _____ YES NO

How will your child be leaving ACE at the end of the school day?

1. Will they be released to walk to an off-campus location? YES If so, where _____ NO
Please send note to office if location changes.

2. Will they be picked up by a designated individual? YES If YES, list names on the back of the pg. NO
Please note: Students not picked up from classroom by designated individual within 10 minutes after school will be taken to Home Work Club until designated individual arrives.

3. Rhetoric Only: Will they drive in their own vehicle? YES NO

Signature of Parent/Guardian _____

Date _____



Academy for Character Education
Enrollment Contract for _____ 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 online) 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

ACE SCHOOL UNIFORM ORDER FORM

For each 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. Clothing in good condition may be donated back to ACE. Blazers, uniform shirts, and ties 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, 195 N. 6th St., Building C, Cottage Grove, OR 97424 by **June 1**. Families not making this deadline may be need to purchase their child's own uniform pieces from FrenchToast.com and the BlazerDepot.com.

Pre-Reader – Dialectic 3 student uniform jumpers, skirts, & pants sizing:

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

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

Dialectic 3, 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

Additional pieces may be purchased for the cost listed; all orders for additional pieces must be pre-paid. Make checks payable to ACE.

	Name			Trivium Level		
Pre-Reader	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	Grey Polo No charge
	SZ 4-7	SZ 4-7	SZ 4-6X	SZ 4-6X	SZ 4-6X	SZ Youth X Small, Small, Med.
Size to Order						
Grammar A	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	Grey Polo No charge
	SZ 4-7 & 8-14	SZ 4-7 & 8-14	SZ 4-6X	SZ 4-6X	SZ 4-6X	SZ Youth X Small, Small, Med., Large
Size to Order						
Grammar B	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) \$14.00	Girls Black Pleat-Front Pants (65%/35%) \$18.00	Girls Red Anti-Pill Crew-Neck Cardigan \$21.00	Grey Polo No charge
	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	SZ Youth X Small, Small, Med., Large
Size to Order						

		Name			Trivium Level	
Grammar C	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	Grey Polo No charge
	SZ 8-14 & 16-20	SZ 8-14	SZ 4-6X/7 & 7-14	SZ 7-14	SZ 7-14	SZ Youth X Small, Small, Med., Large, X Large
Size to Order						
Grammar D	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) \$15.00	Girls Black Pleat-Front Pants (65%/35%) \$20.00	Girls Red Anti-Pill Crew-Neck Cardigan \$23.00	Grey Polo No charge
	SZ 8-14 & 16-20	SZ 8-14 & 18-20 (no size 16 available)	Girls: SZ 7-14, 16-20, & Jr's 3-13	Girls: SZ 7-14, 16-20, & Jr's 3-13	SZ 7-14, 16-20	SZ Youth X Small, Small, Med., Large, X Large
Size to Order						
Dialectic 1	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) \$15.00	Girls Black Pleat-Front Pants (65%/35%) \$20.00	Girls Red Anti-Pill Crew-Neck Cardigan \$23.00	White Oxford Shirt No charge
	SZ 8-14 & 16-20	SZ 8-14 & 18-20	Girls: SZ 7-14, 16-20, & Jr's 3-13	Girls: SZ 7-14, 16-20, & Jr's 3-13	SZ 7-14, 16-20	SZ Youth X Small, Small, Med., Large, X Large; Adult Small, Med., Large
Size to Order						

	Name			Trivium Level		
Dialectic 2	Boys Black Pleated Adjustable Waist Pants (65%/35%) \$22.00	Boys Red Anti-Pill V-Neck Cardigan \$21.00	Girls Black Pleated Skirt (100% poly) \$15.00	Girls Black Pleat-Front Pants (65%/35%) \$16.00	Girls Red Anti-Pill Crew-Neck Cardigan \$23.00	White Oxford Shirt No charge
	SZ 8-14, 16-20 & Young Mens 31W-38W or Young Mens 40W-46W	SZ 8-14 & 18-20	Girls: SZ 7-14, 16-20, & Jr's 3-13	Girls: SZ 7-14, 16-20, & Jr's 3-13	SZ 7-14, 16-20	SZ Youth X Small, Small, Med., Large, X Large; Adult Small, Med., Large
Size to Order						
Dialectic 3	Boys Black Pleated Adjustable Waist Pants (65%/35%) \$22.00	Boys Red Harvard Blazer (machine wash) \$65.00	Girls Black Pleated Skirt (100% poly) \$15.00	Girls Black Pleat-Front Pants (65%/35%) \$16.00	Girls Red Harvard Blazer (machine wash) \$65.00	White Oxford Shirt No charge
	SZ 8-14, 16-20 & Young Mens 31W-38W or Young Mens 40W-46W	SZ Children's 4-20 & Mens 34-62	Girls: SZ 7-14, 16-20, & Jr's 3-13	Girls: SZ 7-14, 16-20, & Jr's 3-13	SZ Children's 4 -20; ladies 2-18	SZ Youth X Small, Small, Med., Large, X Large; Adult Small, Med., Large
Size to Order						
Rhetoric	Men's Black Pleat-Front Pants (100% poly) \$35.00	Men's Red Harvard Blazer (machine wash) \$65.00	Ladies Black Mid-length Skirt (100% poly) \$30.00	Ladies Black Pants (low-rise or at-waist, plain or pleat-front 100% poly) \$30.00	Ladies Red Harvard Blazer (machine wash) \$65.00	White Oxford Shirt No charge
	SZ 28-54	SZ 34-62	SZ 2-28	SZ 2-28 (sizes 22 + add 15%)	SZ 2-18, 20-22 (add \$10), 24-26 (add \$15), & 26-30 (add \$20)	Adult Small, Med., Large, XL, XXL
Size to Order						

		Name			Trivium Level	
Staff	Men's Black Pleat-Front Pants (100% poly) \$35.00	Men's Gray Harvard Blazer (Machine wash) \$65.00	Ladies Black Mid-length Skirt (100% poly) \$30.00	Ladies Black Pants (low-rise or at-waist, plain or pleat-front 100% poly) \$30.00	Ladies Gray Harvard Blazer (machine wash) \$65.00	White Oxford Shirt No charge
	SZ 28-54	SZ 34-62	SZ 2-28	SZ 2-28 (sizes 22 + add 15%)	SZ 2-18, 20-22 (add \$10), 24-26 (add \$15), & 28-30 (add \$20)	Adult Small, Med., Large, XL, XXL
Size to Order						