



OFF-CAMPUS PROGRAM 2016-2017 NEW ENROLLMENT FORM

Student Information (use a separate sheet to add any additional students)

Student 1 Legal Name:		Gender	Date of Birth	Grade Level for 2016-2017 (K-11)
Student 1 Email Address:				
What is Student 1's first language? (optional)	What is Student 1's citizenship? (optional)	Mark all that apply to Student 1: (optional) African American/African/Caribbean Asian/Philippines/Indian subcontinent Caucasian/Middle Eastern/European Hispanic/Latino (inc. Spain) Native American/Alaskan Native Hawaiian/Pacific Islander Other		
If Student 1 is in grades K-8, do you want to receive annual report cards?				
If Student 1 is in grades 9-11, does s/he plan to participate in NCAA athletics?				
Student 2 Legal Name:		Gender	Date of Birth	Grade Level for 2016-2017 (K-11)
Student 2 Email Address:				
What is Student 2's first language? (optional)	What is Student 2's citizenship? (optional)	Mark all that apply to Student 2: (optional) African American/African/Caribbean Asian/Philippines/Indian subcontinent Caucasian/Middle Eastern/European Hispanic/Latino (inc. Spain) Native American/Alaskan Native Hawaiian/Pacific Islander Other		
If Student 2 is in grades K-8, do you want to receive annual report cards?				
If Student 2 is in grades 9-11, does s/he plan to participate in NCAA athletics?				
Student 3 Legal Name:		Gender	Date of Birth	Grade Level for 2016-2017 (K-11)
Student 3 Email Address:				
What is Student 3's first language? (optional)	What is Student 3's citizenship? (optional)	Mark all that apply to Student 3: (optional) African American/African/Caribbean Asian/Philippines/Indian subcontinent Caucasian/Middle Eastern/European Hispanic/Latino (inc. Spain) Native American/Alaskan Native Hawaiian/Pacific Islander Other		
If Student 3 is in grades K-8, do you want to receive annual report cards?				
If Student 3 is in grades 9-11, does s/he plan to participate in NCAA athletics?				

Parent Information

Parent 1 – The parent listed here recognizes that s/he is taking on the responsibility of determining course content as well as the method of delivery for instruction of the student(s) enrolled with Clonlara School. This parent will also be Clonlara's primary contact and receive access to the Clonlara Commons Web Portal.

Name: _____

Address: _____

City, State, Zip: _____

Resides with student: yes no

Phone (indicate if cell): _____ Alt Phone (indicate if cell): _____

Email: _____ Skype Account/ID if you have one: _____

Use these choices to indicate Parent 1's relationship to the student(s):

Mother, Father, Step-Mother, Step-Father, Foster Parent, Guardian, Grandmother, Grandfather, Sister, Brother, Aunt, Uncle, Other

Student 1: _____ Student 2: _____ Student 3: _____

Parent 2

Name: _____

Address (if different): _____

City, State, Zip: _____

Has/shares custody: yes no

Phone (indicate if cell): _____ Alt Phone (indicate if cell): _____

Email: _____

Use these choices to indicate Parent 2's relationship to the student(s):

Mother, Father, Step-Mother, Step-Father, Foster Parent, Guardian, Grandmother, Grandfather, Sister, Brother, Aunt, Uncle, Other

Student 1: _____ Student 2: _____ Student 3: _____

MOST RECENT PREVIOUS SCHOOLS – If applicable. (Use the back of this sheet if necessary)

Student Name _____

Name of School _____ Withdrawal Date _____

Address _____

Telephone _____ Fax Number _____

MA & NY RESIDENTS ONLY - Please provide the following information for reporting purposes:

Name of Public School District _____

Name of Superintendent _____

Street Address _____

City _____ ST _____ Zip _____

Telephone _____

Clonlara School 1289 Jewett Avenue, Ann Arbor, MI 48104 (734) 769-4511 Fax (734) 769-9629

Clonlara School is welcoming: We do not discriminate on the basis of race, religion, color, gender, nationality or ethnic origin in administration of our educational and admissions policies.

BACKGROUND INFORMATION – This information is confidential and will only be used by Clonlara School.

- I. What language is spoken in the home?

- II. What are your primary reasons for homeschooling?

- III. Please share any comments or concerns that would assist us in individualizing your student’s education plan (e.g., special needs, interests, talents, etc.)

IV. How did you hear about us?

Current Family
Homeschooling Publication
Internet

Other friend or family
The Homeschool ReVision Project
Other _____

The referring individual will receive a \$50 thank you from Clonlara School as part of our Ambassador Program. Please provide this person’s name, organization (if applicable), and complete mailing address:

- V. Often families come to us because they know someone who is enrolled in our program. For example, you might have heard of us through a co-worker, or your child may be part of a dance program, cooperative or homeschool group that has several students who are also enrolled with us. If you belong to such a group, please provide the name, city and state of the organization:

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TUITION & FEES CALCULATION

Annual Registration Fee

First Student	\$200		=	\$200
Each Additional Student	\$ 50	X	_____ =	_____

Overseas Fee (per student if you reside outside US)	\$100		=	_____
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Fee subtotal: _____

2016-17 Tuition Rates

Elementary (K – 8) Tuition	\$825		=	_____
Secondary (9 – 11) Tuition	\$1200	X	_____ =	_____

Tuition subtotal: _____

TOTAL DUE \$ _____

PAYMENT PLAN OPTION – available by credit card payment only.

- Registration Fees (and overseas fees if applicable) are due in full upon enrollment.
- Tuition payments may be divided into 2 or 4 installments. A \$10 processing fee is added to each installment. To calculate installments, divide **Tuition subtotal** by 2 or 4.
- The first payment due is ½ or ¼ the tuition plus Fees subtotal.

ANY ADDITIONAL NOTES TO ACCOUNTING DEPT: _____

PAYMENT ENCLOSED

___ All Fees and Tuition Paid in Full in the amount of \$ _____

___ Payment Plan – provide credit card information below

1st installment \$ _____ (includes all fees and either ½ or ¼ total tuition due)

2nd Installment \$ _____ to be charged to credit card in 30 days

3rd installment \$ _____ to be charged to credit card in 60 days

4th installment \$ _____ to be charged to credit card in 90 days

METHOD OF PAYMENT

_____ Check Enclosed – made payable to Clonlara School, 1289 Jewett, Ann Arbor 48104

_____ Please charge to my Visa, MasterCard, American Express or Discover

Credit Card # _____ Verification Code _____ Exp. Date _____

Name on Credit Card _____

Statement Billing Address _____

REFUND POLICY - I have read and agree to the terms of Clonlara School's Refund Policy.

Signature _____ Date _____

Please Note: Registration Forms without a signature will not be processed. Thank you.

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