

SeaScape Private School

EMAIL: INFO@SEASCAPECENTER.COM PHONE: (805) 267-4818 FAX: (818) 224-7133

Welcome to Seascape Private School! Please fill out and print the following forms and submit them via email, fax or mail at your convenience. If you have any questions, feel free to call or email.

I.) Agreement policy:

****IMPORTANT:**

Please print out this form, sign and return the bottom portion of this page along with your enrollment forms. This is to acknowledge that you have read and understand the SeaScape Private School policy information.

✂ Please cut along dotted line ✂

I, the undersigned, have read, and hereby accept the information contained in the SeaScape Educational Center's online brochure, including the refund policy stated on the "Cost & Fees" page, and agree to its terms. I also understand that Seascape Private School's programs are considered a "full curriculum package" which includes tuition, and sold as such. If I, the undersigned, choose to pay the program in monthly installments instead of in full, all payment obligations must be met before I will receive any of the following: Transcripts, diplomas or graduating to the next grade level. Please note: After the initial 15 day refund period, the program is due and payable either in monthly installments or in full. Please be advised; if paying in installments, this contract is binding. If, for any unforeseen reason, you should choose to withdraw from the course, the remaining program fee will be due upon withdrawal notice.

NAME OF STUDENT: _____

PARENT OR GUARDIAN _____ DATE _____

Signature of Parent or Guardian

ENROLLMENT FORMS CONTINUED:

SeaScape Private School

Enrollment Form

Please print and mail, fax or email along with your down payment to the address below:

STUDENT FIRST NAME: _____

STUDENT LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ PHONE: (_____) _____

Has the student attended school before? Y/N

If yes what grades?

(Public) : K 1 2 3 4 5 6 7 8 9 10 11 12

(Private): K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT GENDER: M _____ F _____

STUDENT BIRTH DATE: _____

SEASCAPE ENTERING GRADE LEVEL: _____

IS THE STUDENT ENROLLING IN A SPECIAL NEEDS PROGRAM?:

Special Needs/Sight Impaired Program Special Needs/Deaf Program

PROJECTED STARTING MONTH AT SEASCAPE: _____

LAST SCHOOL ATTENDED: _____

SCHOOL ADDRESS: _____

SCHOOL EMAIL TO REQUEST RECORDS: _____

FATHER'S NAME: _____

ADDRESS: _____

EMAIL: (required to receive invoicing, progress reports...etc): _____

EMPLOYER: _____

EMPLOYER PHONE: _____

MOTHER'S NAME: _____

ADDRESS: _____

EMAIL: (required to receive invoicing, progress reports...etc): _____

EMPLOYER: _____

EMPLOYER PHONE: _____

BROTHERS/SISTERS: _____

DOES THE STUDENT HAVE A HEALTH PROBLEM? (Y) ____ (N) ____

IF YES, PLEASE SPECIFY _____

WHO WILL BE THE TEACHER? _____

HIGHEST LEVEL OF EDUCATION ACHIEVED?: _____

If my application for enrollment in Seascapes Private School is accepted, I will comply with all requirements regarding reports, fees, and instruction. I understand that failure to do so will result in the cancellation of enrollment and loss of credits.

PARENT SIGNATURE _____ DATE _____

All textbooks, workbooks, teacher assistance, grading, shipping, and customized scheduling are included.

YEARLY FEES:

Grades K-6: (\$800.00 per year)

\$270.00 down payment at time of enrollment--9 monthly payments of \$60.00 thereafter.

Grades 7-8: (\$880.00 per year)

\$280.00 down payment at time of enrollment--9 monthly payments of \$70.00 thereafter.

Special needs/Deaf Program: (\$1500.00 per year)

\$500.00 down payment at time of enrollment--8 monthly payments of \$125.00 thereafter.

NEW ENROLLMENT ONLY OPTION:

CUSTOMIZED TEXTBOOK PROGRAM, PRIVATE SCHOOL ENROLLMENT, SHIPPING, AND DAILY SCHEDULE ARE INCLUDED.
(NO GRADING/TEACHER ASSISTANCE)

Grades K – 6 (\$550 per year)

\$275.00 down payment at time of enrollment--2 monthly payments of \$128.00 thereafter.

Grades 7-8 (\$650 per year)

\$300.00 down payment at time of enrollment--2 monthly payments of \$175.00 thereafter.

Check one of the following methods of payment:

(Please make checks payable to: SEASCAPE EDUCATIONAL CENTER)

Money Order: _____ Check _____ MasterCard _____ Visa _____ Discover Card _____
Amex _____ (A 5% processing fee will be added to all credit card transactions.)

Card Number: _____

Expiration: _____ Card Code: _____ Amount Paid: _____

Name On Card: _____

Signature: _____ Date: _____

Grade Level: _____ Enrollment Only Option? Y ___ N ___

SeaScape Customizable Curriculum Form

Parent Name: _____

Student Name: _____

Grade (this year): _____

Date: _____

If you'd like your child's curriculum customized, please answer the following questions and return this questionnaire to Seascape Educational Center along with your enrollment forms. (Not all subjects may be available at the requested levels.)

1. What levels in each subject do you feel your child would be most comfortable at?
(✓check all that apply)

GRADE LEVEL

Subject	Remedial	1 year below level	At current grade	1 year above current grade	Advanced	Other (Please Specify)
Math						
English						
Science						
Spelling						
Geography						
History						
Health						
Writing						
Penmanship						
Reading (Literature)						
Reading (Comprehension)						
Research & Study Skills						

2. Is there a subject not listed that you would like your child to learn? If so, let us know here:

3. What special interests does your child have?

4. What main goal would you like to see your child reach this year?

5. Additional comments:

6. Please let us know how you heard about Seascope Educational Center:

*Recommended by a friend The Link Homeschool Paper Other Advertisement
 Internet Search Engine WWW Message Board TV/Online Advertisement

*Name of friend who recommended you to Seascope:

So that we may process your request in a timely manner, please mail, fax or email the enrollment forms, customizable curriculum form and policy agreement, along with a check or credit card information to:

SeaScape Educational Center
Malibu Cove High School
235 Moorpark Rd Suite A 1014
Thousand Oaks, CA 91360 USA

Fax to: (818) 224 7133 or Email as an attachment to: Info@seascopecenter.com