

Malibu Cove High School

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

Welcome to Malibu Cove High 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 Malibu Cove High 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 Malibu Cove High 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:

Malibu Cove High School

Enrollment Form

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

STUDENT FIRST NAME: _____ MIDDLE INITIAL _____

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: _____

STUDENT BIRTH DATE: _____

MALIBU COVE HIGH ENTERING GRADE LEVEL: _____

IS THE STUDENT ENROLLING IN THE MCHS ACCELERATED PROGRAM?:

YES NO

IS THE STUDENT ENROLLING IN THE MCHS CURRICULUM ONLY PROGRAM?:

YES NO

PROJECTED STARTING MONTH AT MALIBU COVE HIGH: _____

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 Malibu Cove High 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:

High School Students: (Grades 9 through 12)

\$ 1050.00 per year

\$335.00 down payment due at time of enrollment. Nine monthly payments of \$80.00 each month thereafter.

Accelerated High School Program:

(\$1400.00)

\$385.00 down payment at time of enrollment. Nine monthly payments of \$100.00 each month thereafter.

NEW ENROLLMENT ONLY OPTION:

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

Grades 9 THROUGH 12 (\$700 per year)

\$400.00 down payment at time of enrollment--2 monthly payments of \$150.00.

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: _____

Malibu Cove Customizable Curriculum Form

STUDENT NAME _____

GRADE LEVEL _____

To help speed up the enrollment process, please let us know what subjects your student has already taken in high school. Please print this form and send it to us with your enrollment form and down payment.

Subject	Ninth	Tenth	Eleventh	Twelfth	Comments
Basic Math					
Algebra I					
Algebra II					
Geometry					
Calculus					
College Prep Math					
Other					
English 9					
English 10					
English 11					
English 12					
Speech					
Literature					
Consumer English					
Other					
World History					
American History					
State History					
Geography					
Government					
General Science					
Psychology					
Other					

General Science					
Life Science					
Physical Science					
Biology					
Chemistry					
Physics					
Earth Science					
Health					

*Foreign Language

(Please specify) _____

*Other Subject(s)

(not listed here) _____

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

What special interests does your student have? _____

What main goal would you like to see your student reach this year? _____

Additional comments: _____

Please let us know how you heard about Malibu Cove High School:

- _____ *Recommended by a friend
- _____ The Link Homeschool Paper
- _____ Other Advertisement

_____ Internet Search Engine
_____ TV/Online Advertisement
_____ WWW Message Board (Which website: _____)

*Name of friend who recommended you to MCHS:

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

Malibu Cove High School
Attn: Admissions Dept.
235 Moorpark Rd Suite A 1014
Thousand Oaks, California 91360 USA

Or you may fax or email to:

Fax (818) 244-7133
Email to: **INFO@SEASCAPECENTER.COM**