

Yellow Wood Academy
2017 Summer
Admissions Packet



Yellow Wood
ACADEMY



How our admissions process works.

Like our classes, our admissions process is personalized so that we get to know each individual student and create an academic program that fits. We do our best to accommodate the courses, teachers, and times that a student needs. And if its not the right fit, we make a change. Here are the steps of the admissions process:

- 1. Complete admissions forms.** If you need admissions forms go to yellowwoodacademy.org or give us a call at 206-236-1095.
- 2. Schedule an admissions meeting.** Make an appointment with a coordinator who will help you determine the best academic program for your child. Bring your completed paperwork to the meeting.
- 3. Reserve your spot.** At the admissions meeting or as soon as you have decided to attend Yellow Wood Academy, we collect a non-refundable enrollment fee. You will sign the agreement at that time.
- 4. Scheduling begins.** With the prior steps completed it's time for Yellow Wood Academy to create the best plan for your student.
- 5. Review the class schedule.** Like their education, your student's schedule and tuition is individualized too. Once complete we will email your student's class schedule and tuition summary.
- 6. Pay tuition.** We accept cash, check, credit cards or recurring ACH payments, Selection of the monthly payment plan requires use of recurring ACH or credit card.
- 7. Time to thrive.** Once all of the following steps have been completed, we will set a start date for your child to begin to thrive at Yellow Wood Academy.

Come take a tour.

Visit yellowwoodacademy.org/tour to schedule a visit of our school. We welcome you to see how we connect with students. One by one.



What's in the admissions packet?

The admissions forms in this packet will help us build a customized curriculum for your student. Take note that some of the forms need to be provided to third-parties who will then forward the necessary information to Yellow Wood Academy. Please provide enough time for the third-parties to generate and forward the forms to us before we begin to craft a curriculum for your student.

- Student Information Form** – This form provides us with your basic profile information.
- Release of information: Student transcripts** – Provide this form to your student's current or most recent school.
- Student Schedule Request** – This document will provide us with your available school schedule and times as well as class requests. This will be used to create your curriculum and class schedule.
- Release of information: Medical** – If there is pertinent information regarding your child's health status that we need to know in order to provide a safe environment, please provide this form to the appropriate healthcare provider.
Immunization Record Request – Use this Release of Information form to request a record of your student's immunizations from their primary care physician. The State of Washington requires that we keep this current information on file. If you have religious or personal objections, you may contact us for a waiver form to sign in place of this information.
- Individualized Education Plan** – If you have an IEP or 504 Plan, please provide a copy at this time.
- Other Independent Educational Evaluations** – Please provide any special assessments or educational evaluations.

Please make sure these items are available at your scheduled admissions meeting. At the meeting, we will talk about our school, and answer any questions you may have about our educational programs. We will also want to hear from you and your student about your needs, desires, likes and dislikes so we can construct a learning experience that is uniquely beneficial for your student.

Student Information Form



Student Name: _____

Today's Date: _____
(mm/dd/yyyy)

Student Contact Information

Student Name: _____	Birthdate: _____ (mm/dd/yyyy)	Gender: _____
Student Cell Phone: _____	Student Email: _____	

Parent/Guardian Contact Information (if student is a minor):

Contact 1: _____	Relationship: _____	
Contact 1 Address: _____	City _____	Zip _____
Street Number		
Contact 1 Phone: _____	Home _____	
Cell _____		
Email: _____		
Contact 1 Employer: _____	Work phone: _____	

Contact 2: _____	Relationship: _____	
Contact 2 Address: _____	City _____	Zip _____
Street Number		
Contact 2 Phone: _____	Home _____	
Cell _____		
Email: _____		
Contact 2 Employer: _____	Work Phone: _____	

Student is living with: Contact 1 Contact 2 Self (adult client)

Send reports to: Contact 1 Contact 2 Other

Send bills to: Contact 1 Contact 2 Other

Student Name: _____

School Record

Current school: _____ Grade Level as of Fall 20____ : _____

Teacher (if applicable): _____

Counselor (if applicable): _____

Areas of difficulty: _____

Previous school attended: _____
School Grades

Immunization record on file: _____

If applicable, provide electronic copies of: IEP 504 Current Test Results

Sibling Information

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Professionals

Current physician: _____

Psychologist/counselor: _____

Other: _____
(Please complete "Release of Information" form)

Emergency Information

Local emergency contact: _____
(other than parent) Name Phone Relationship

Food/drug allergies: _____

Medical Conditions (Provide Protocol): _____

Student Schedule Request



Student Name: _____

20____ Grade: _____ Start Date: _____
(mm/dd/yyyy)

Please indicate class time availability and instructors (if applicable) that you prefer for your student. We will do our best to accommodate your preferences. Occasionally we will need to work with you to tailor schedules to fit overall availabilities.

CLASS	INSTRUCTOR PREFERENCE	CREDIT OR TUTOR?	NUMBER OF SESSIONS/WEEK	PREFERRED SESSIONS LENGTH
1 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
2 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
3 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
4 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
5 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
6 _____	_____	<input type="checkbox"/> Credit <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr

BELOW, PLEASE PLACE AN "X" IN SPOTS WHERE YOUR STUDENT IS AVAILABLE; INDICATE 1ST, 2ND AND 3RD PREFERENCES

	M	T	W	TH	F
7:00am – 7:50am					
8:00am – 8:50am					
9:00am – 9:50am					
10:00am – 10:50am					
11:00am – 11:50am					
12:20pm – 1:10pm					
1:25pm – 2:15pm					
2:30pm – 3:20pm					
3:30pm – 4:20pm					
4:30pm – 5:20pm					
5:30pm – 6:20pm					
6:30pm – 7:20pm					

SUMMER 2017 CAMPS (LIMITED AVAILABILITY)
 June 19 – June 29
Monday through Thursday, 10:00am to 2:00pm

Crime Scene Investigation Cooperative Storytelling
 3D Chess Set Printing Game Design

COGMED WORKSHOP (LIMITED AVAILABILITY)
 July 10—August 11

*Start up session will be schedule on July 6 and the final session on August 23
PICK ALL AVAILABLE TIMES: 8:00am 9:00am 10:00am 11:00am
 12:30pm 1:30pm 2:30pm

EXECUTIVE FUNCTIONING WORKSHOP (LIMITED AVAILABILITY)
 July 10—August 4

Pick a group:	Days:	Time:
<input type="checkbox"/> High School	<input type="checkbox"/> M/W <input type="checkbox"/> T/TH	<input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:30pm-2:30pm
<input type="checkbox"/> Middle School (6, 7, 8)	<input type="checkbox"/> T/W/TH	<input type="checkbox"/> 8:30am-9:40am <input type="checkbox"/> 1:00pm-2:10pm
<input type="checkbox"/> Elementary (4, 5, 6)	<input type="checkbox"/> T/W/TH	<input type="checkbox"/> 8:30am-9:40am <input type="checkbox"/> 1:00pm-2:10pm

Minimum of 2 students per group. A comprehensive one to one EF program is also available to meet individual needs.

ADDITIONAL COMMENTS:

I understand the scheduling process will not begin until I have signed and returned the enrollment agreement and paid the non-refundable registration fee. I consent to YWA scheduling my student for the above designated courses and times.

Parent Signature: _____ **Date:** _____

(mm/dd/yyyy)

Authorization for Release of Transcript Information



Student Name: _____

Please use one form per agency/person

This release of information remains in effect for as long as the student remains a client of Yellow Wood Academy unless otherwise revoked.

TO:

Name of Agency/Person _____

Address _____

City _____ State _____ ZIP _____

Phone/Fax _____

I request and authorize you to send student's records immediately to:

Yellow Wood Academy

9655 SE 36th Street, Suite 101

Mercer Island, WA 98040

Phone: 206-236-1095

Fax: 206-236-0998

I request and authorize you to enter into a mutual exchange of information with **Yellow Wood Academy** and its staff.

Signature: _____

Parent/Guardian Signature

_____ Date

_____ Phone

_____ Email

Authorization for Release of Medical and/or Immunization Information



Student Name: _____

Last Name _____ First Name _____ MI _____

Former Name (s) if applicable _____ Phone _____ DOB _____
(mm/dd/yyyy)

Address _____ City _____ State _____ ZIP _____

Please mark below how you would like this information delivered to you.

- Mail my record to the above address.
- Fax my copies to Yellow Wood Academy, Attention: Admissions Office, 206-236-0998
- Mail my copies to Yellow Wood Academy 9655 SE 36th Street, Suite 201, Mercer Island WA 98040-3798

CONSENT

I understand that my medical record may contain personal or sensitive information. Release of this information is voluntary and protected by law. The facility, its employees, officers, and contracting physicians are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein. I specifically authorize the disclosure and release of the following information to the persons/school indicated above if I check yes in the box.

- Yes
- No
- I provide authorization to fax my medical records for release or disclosure of the information above.

I understand that I may revoke this authorization at any time. If I do not, it will be valid for 24 months from the date I sign it.

Client Signature: _____

Date _____
(mm/dd/yyyy)

Signature if Other Than Client _____ Date _____

(mm/dd/yyyy)

Legal Relationship to Patient _____

Additional Information Request



The following additional input documents may be relevant to your student. If not, simply complete the previous pages.

Individualized Education Plan: Please provide the student's IEP or 504 Plan for review. This will help us align a new curriculum with the student's current plan. Additional options and alternatives will be discussed.

Other Independent Educational Evaluations: These evaluations will provide valuable information on particular areas of focus needed by your student. We will then construct a curriculum sensitive to these needs.

Any other information you think would be pertinent. Of course, we will have time to discuss other details of your student's education at the admissions meeting. But if you believe there is other information that would help inform our decision, please feel free to bring it along as well.

Thank you, and we look forward to meeting you and your student.