

NEKOWIN VALLEY SCHOOL

10005 Slab Creek Rd * Neskowin, OR 97149 * 503.392.3124 * www.neskowinvalleyschool.com

APPLICATION FOR FRIDAY COMMUNITY SCHOOL

CHILD'S NAME _____ Date of Birth _____ Male Female
Mailing Address _____ Child lives with _____
City _____ State _____ Zip _____ Phone () _____ Cell () _____

PARENT / GUARDIAN _____ PARENT / GUARDIAN _____
Relationship to child _____ Relationship to child _____
Mailing Address _____ Mailing Address _____
Phone (home) _____ Phone (home) _____
Cell _____ Work _____ Cell _____ Work _____
Email _____ Email _____
Workplace _____ Workplace _____
Work Phone _____ Work Phone _____
Child's Current School _____
Current Grade Level _____ Child's Current Teacher _____

At Neskowin Valley School we consider parents and teachers as partners in a child's education. Your description of your child will help us understand his/her needs and interests.

1. How did you hear about Neskowin Valley School?

2. What are your educational goals for your child's participation in Friday Community School?

3. Briefly describe your child's school experiences including attitudes, successes and areas of difficulty.

4. What are your child's special interests, talents and activities?

5. Does your child have any special physical, mental or emotional needs we should be aware of?

6. What talents or interests would you be willing to share with the NVS community?

Parent/Guardian Signature _____ Date _____