



Headin' for **Success!**

Success! Learning Center		
P.O. Box 361195 ❖ Milpitas, California 95036		
Location: 355 Dixon Road		(408) 263-9754
Cliveden Chew Haas, Director		success@cliveden.com

2008-09 Student Application

_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME
____/____/____	MALE FEMALE (circle gender)	_____
BIRTHDATE (Month/Day/Year)		NATIONALITY/ETHNICITY (OPTIONAL)
_____	CLASSES: REG./ADV. SPEC.ED. ESL	4 5 6 7 8 9 10 11 12 COL.
SCHOOL NOW ATTENDING	(CIRCLE ONE)	(CIRCLE 2008-09 GRADE)

❖	❖	❖	❖	❖	❖
IS ANOTHER FAMILY MEMBER ATTENDING THE 2008-09 SESSION?					YES _____ NO _____

IF YES, GIVE NAME(S) _____

❖	❖	❖	❖	❖	❖
PARENT/ GUARDIAN	MR./ MS. (circle one)	_____	_____	_____	() _____
		LAST NAME	FIRST NAME		DAYTIME PHONE NO.
PARENT/ GUARDIAN	MR./ MS. (circle one)	_____	_____	_____	() _____
		LAST NAME	FIRST NAME		DAYTIME PHONE NO.

_____	_____	_____
HOME ADDRESS NUMBER & STREET	APT. #	CITY & ZIP CODE
() _____		
HOME PHONE NUMBER		

1. What language does the student communicate in?
English _____ Spanish _____ Vietnamese _____ Chinese _____ Other _____
2. Does the student have any special needs? (sign language, wheel chair, translation, etc.)

3. Has anyone in your immediate family attended college? Yes _____ No _____

—SEE OVER—

Emergency Contact Information

_____, _____
LAST NAME FIRST NAME MIDDLE NAME

Should we phone if this student does not attend the scheduled class sessions?

Yes _____ No _____ If yes, please fill out contact information below.

Contact:: _____
NAME PHONE NO.

If no answer, contact:: _____
NAME PHONE NO.

In case of an emergency, please list the numbers we should contact:

1. Contact:: _____
NAME PHONE NO.

2. Contact:: _____
NAME PHONE NO.

3. Contact:: _____
NAME PHONE NO.

4. Contact:: _____
NAME PHONE NO.

Medical Insurance: _____ Policy No. _____

Student's Doctor: _____
NAME & ADDRESS PHONE NO.

Dental Insurance: _____ Policy No. _____

Student's Dentist: _____
NAME & ADDRESS PHONE NO.

Success! Learning Center—2008-09 After-School Sessions

Schedule and Fees

Student's Name: _____

Parent/Guardian: _____

Class Schedule:

- ____ Two days per week
____ Three days per week
____ Four days per week

Students may arrive up to 15 minutes before class begins. Unless other arrangements are made in advance, all students must be picked up or must leave for home within 15 minutes after class ends.

Days (3:00-6:00 p.m.): Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Evenings (6:30-9:30 p.m.): Tues: _____ Thurs. _____

Class Fees:

Two days per week : \$248 per four-week payment period

Three days per week \$308 per four-week payment period

Four days per week \$368 per four-week payment period

(10% discount for two or more students in same family)

Arrangements for fee adjustments (if any) must be made at the time of enrollment

Tutoring Schedule & Fees: (T.A.: \$15–\$20/hour; Credentialed Teacher: \$35/hour)

Payment Schedule:

Sept. 8 _____ Oct. 6 _____ Nov. 3 _____ Dec. 1 _____

Jan. 5 _____ Feb. 2 _____

Mar. 2 _____ Mar. 30 _____ May. 11 _____

Parent Signature:

I have read and agree to the fee and payment schedule noted above. I understand that a \$10.00 late fee will apply on any payments made after 5:00 p.m. of the Monday scheduled. I understand that a \$25.00 returned item charge will apply for each returned check.

Parent Signature: _____ Date: _____

Success! Learning Center

RULES TO FACILITATE LEARNING

1. Attend class every day.
2. Be respectful to others (students, teaching assistants, teachers, guests, etc.)
3. Be responsible for your own behavior.
4. We are guests on the church property. Keep restrooms, buildings, parking lot, and other areas clean. Report to your teacher any defacing or destroying of property.
5. Be prompt (be on time) and maintain perfect attendance. (There is no refund for missed classes.)
6. Follow classroom rules and computer rules.
7. Take care of books, materials, and equipment.
8. Complete all daily work.
9. Leave at home all electrical and electronic games, and any belongings which might interfere with instruction.
10. Be attentive and a good listener, remain in your seat, and work with a minimum of visiting and talking. Do not disturb others.
11. No food and no drinks (except bottled/capped water) during class time. No food and no drinks near computers.
12. No drugs. No alcohol. No gum. No markers. No weapons. No fighting.
13. Wear appropriate attire. No gang colors. No gang symbols. Hats for sun only.
14. No smoking anywhere on church property.

Students may be dismissed for non-compliance with any rule above.
Students will not be given warnings for drugs, alcohol, smoking, weapons, or fighting.
Dismissal is automatic and immediate. There is no refund.

STUDENT: I, _____ (*print name*) have read and understand the Success! Learning Center Rules above. I will follow these and all other requirements of the Success! Learning Center.

(Student Signature)

(Date)

PARENT: I, _____ (*print name*) have read and understand the Success! Learning Center Rules above. I will ensure that my child obeys these and all other requirements of the Success! Learning Center.

If my child needs to be picked up from the Learning Center due to illness or other problems, I will do so immediately.

(Parent Signature)

(Date)