



# ***Oyase Community School***

*A Program offered by Community Wilderness Initiative  
in cooperation with Vermont Wilderness School*

(802) 257-8570

PO Box 2585

Brattleboro, VT 05303

[www.VermontWildernessSchool.org](http://www.VermontWildernessSchool.org)

[office@VermontWildernessSchool.org](mailto:office@VermontWildernessSchool.org)

## **2014-2015 Enrollment Form**

Please mail this form along with your deposit **made out to "Vermont Wilderness School:**

**Vermont Wilderness School**

**P.O. Box 2585**

**Brattleboro, VT 05303**

I am enrolling my child(ren) listed below in the 2014-2015 session of Oyase Community School.

I have enclosed \$100 deposit per child and agree to the following terms:

- Tuition of \$1250 to \$1850 sliding scale with option to apply for scholarship for Weekly Program or Tuition of \$450 - \$660 for Monthly Program or \$490 - \$720 for Teen Program
- 10 hours of community service to the program per family per year
- Attend an Orientation & Community Council Meeting, mid-September

OR

I have enclosed \$200 per child enrolling in the 4-week Trial Period and I agree to attend the Orientation and Community Council Meeting in the fall.

Parent/Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Childs Name      Date of Birth

1) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      Homeschool or In School (Circle One)

Returning Full Time   Returning Monthly   New Full time   Trial   Teen Program

2) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      Homeschool or In School (Circle One)

Returning Full Time   Returning Monthly   New Full time   Trial   Teen Program

3) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      Homeschool or In School (Circle One)

Returning Full Time   Returning Monthly   New Full time   Trial   Teen Program

4) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      Homeschool or In School (Circle One)

Returning Full Time   Returning Monthly   New Full time   Trial   Teen Program

Total deposit enclosed: \$ \_\_\_\_\_ If you would like to pay by credit card, call the office.

\_\_\_\_\_ I will be applying for financial aid. Please send a form with registration packet.



For more information or to contact **Community Wilderness Initiative:**

PO Box 2585 • Brattleboro, Vermont, 05303

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