



Oyase Community School

A Program offered through Vermont Wilderness School

(802) 257-8570

PO Box 2585

Brattleboro, VT 05303

www.VermontWildernessSchool.org

office@VermontWildernessSchool.org

2015-2016 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 2015-2016 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
- 8 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 **Amy Hyatt:**

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