



**COLLEGE ESSAY WRITING CLASS**  
**June 25-29 or July 9-13 (CHOOSE ONE)**  
**9:00 am – 12:00 pm**  
**Santa Monica High School**

***For Rising 12<sup>th</sup> Grade Students Only***

**Class Description:** Get a head start on your college essay – don't stress about your college applications once school starts in the fall! In this workshop you will learn some important tools about personal writing for an academic audience. We will examine the various prompts and then delve into the writing process in order to have a solid working draft by week's end. This is unlike most writing that you've done throughout high school and requires that you depict a clear personal voice. You want this essay to reflect your truest self! Come work in a small group setting with a fun and supportive teacher to discover how to do so!

**About the Teacher:** Kyle Koehler has been teaching high school English in California for the past six years and taught abroad for two years. His experience has been with 11th and 12th grade AVID college preparatory courses, as well as 9th and 10th grade English. Teaching personal writing, and specifically the college essay, is one of the things he does best. His greatest passion is supporting his students and helping students embark on this academic exploration of self.

**Fees, Payment and Refund Policy:**

1. \$500 for the one-week class, which includes a \$50 non-refundable registration fee.
2. Credit card fee: There is a \$15 (3%) fee for all credit card charges.
3. Returned check charges: There is a \$25 fee for any returned check.
4. We accept payment in cash, check, money order and credit card (Visa, MC, Discover, Amex).
5. Payment in full is due at the time of registration and is required in order to complete the student's class enrollment.
6. Refund Policy: All requests for refunds must be made in writing (mail, fax or email) no later than June 15. There are no refunds after June 15, unless the class is cancelled by the Ed Foundation.

**Financial Assistance:** A limited number of scholarships are available only to students enrolled in SMMUSD's free and reduced lunch program. The fee is \$100 for free lunch students and \$200 for reduced lunch students.

Please submit a copy of your student's free or reduced lunch eligibility notification letter with your registration. If you do not have your letter, please contact Patsy Herschberger in SMMUSD Food Services to obtain a new copy (pherschberger@smmUSD.org, 310-450-8338 x70228).

**Food Service:** There is no food service. Students are asked to bring their own snacks to have during the class break.

**Immunizations:** All non-SMMUSD students must provide a current record of immunization at the time of enrollment.

**Behavior:** We require all students to follow the strict SMMUSD behavior policies in effect during the regular school year. All SMMUSD policies and consequences will apply. If you need a copy of these policies, please email [rachel.faulkner@smmef.org](mailto:rachel.faulkner@smmef.org). Students will not be allowed off campus at any time during class hours.

**Laptop:** If students have a laptop, it is best to bring it with them. If not, a computer will be provided.

**Transportation:** No transportation is provided.

**Class Size:** The minimum number of students in each class is six students; the maximum number is 13. Once a class is full, a waiting list will be kept and you will be notified if we are able to open another class section. If the Ed Foundation does not reach the minimum number of six students each week, we will have to cancel the program and all families will be refunded.

Registration is not complete until all forms are completed correctly and received with payment in full.

Please keep this portion of the registration form for your records. Complete the following two pages and send them together with payment to:

Mail or walk-in: SMMEF, 1645 16<sup>th</sup> Street, Santa Monica, CA 90404

Email: [rachel.faulkner@smmef.org](mailto:rachel.faulkner@smmef.org)

Fax: 310-450-5959 (attn: Rachel Faulkner)

Questions? Contact Rachel Faulkner at 310-450-8338 x70396 or [rachel.faulkner@smmef.org](mailto:rachel.faulkner@smmef.org).

**COLLEGE ESSAY WRITING CLASS  
REGISTRATION FORM  
June 25-29 or July 9-13**

Student's Last Name:	Student's First Name:	Student's Date of Birth:
Street Address:		
City:	State:	Zip Code:
Parent #1/Guardian's Name:	Primary Phone:	Email:
Parent #2/Guardian's Name:	Primary Phone:	Email:
Current School:		Grade in August 2018:

**My child will attend (check one):**

Week of June 25-29: \_\_\_\_\_ Week of July 9-13: \_\_\_\_\_

**Acknowledgements**

We have read and understand all the policies outlined previously and agree to follow them fully. By typing your name below, we consider this your electronic signature.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Information: Registration is on a first-come, first-served basis. Please read carefully the information in the FEES section on the first page.

\_\_\_\_\_ Enclosed is my check or money order (payable to SMMEF) for \$500.

\_\_\_\_\_ Please charge my credit card (\$500 plus \$15 credit card charge).

\_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

Names as it appears on card: \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

\_\_\_\_\_ I want to help sponsor a scholarship student. My donation is included in the enclosed check or you may charge an additional \$ \_\_\_\_\_ to the above account.

\_\_\_\_\_ Student qualifies for the SMMUSD free-lunch program. My \$100 fee payment is enclosed.

\_\_\_\_\_ Student qualifies for the SMMUSD reduced-lunch program. My \$200 fee payment is enclosed.

**COLLEGE ESSAY WRITING CLASS  
REGISTRATION FORM, cont'd.  
June 25-29 or July 9-13**

When parent(s) or guardian(s) cannot be reached, the office should contact and may release my child to:

1. \_\_\_\_\_  
Name Relationship Phone number
2. \_\_\_\_\_  
Name Relationship Phone number

List below any medications currently being taken by student and when:

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**PARENT'S APPROVAL AND STUDENT WAIVER**

\_\_\_\_\_ has my (our) permission to participate in the College Essay Writing  
Name of student

Class, sponsored by the Santa Monica-Malibu Education Foundation ("SMMEF"), running from June 25 to June 29 or July 9 to 13, 2018 at Santa Monica High School from 9:00 a.m. to 12:00 p.m. daily. In consideration of my child's participation in the College Essay Writing Class, I assume all risks in connection with my child's participation in this class and agree to indemnify and hold harmless each of the SMMEF and the Santa Monica-Malibu Unified School District ("SMMUSD") from any claims and liabilities arising out of my child's participation in the College Essay Writing Class.

I hereby forever waive, release, and discharge SMMEF and SMMUSD and any or all of their directors, officers, members, trustees, agents, employees, volunteers, any and all participants, owners, lessors and operators of the premises, and each of them, from all liability, claims, causes of action, demands for any damage, losses or injury to the student, the student's property, or parent's property of any kind or nature (collectively "liability"), arising out of participation in, or attendance at, the College Essay Writing Class, and/or the employees of said organizations, including but not limited to losses caused by the passive or active negligence of SMMEF and SMMUSD, and/or the employees of said organizations; provided, however, this waiver, release and discharge shall not apply to liability that arises from the gross negligence or willful misconduct of SMMEF or SMMUSD.

I do hereby certify that to the best of my knowledge and belief my child is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above-named child has had the following allergies or medicine reaction(s) which could limit participation, or unusual physical condition(s) which have been made known to a treating physician and may limit participation. Please make sure to include food allergies. **If your child has no allergies, please write the word "NONE."**

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Additionally, I give the Ed Foundation staff permission to photograph my child during the summer activities for publicity use (promotional materials and website) only by the Santa Monica-Malibu Education Foundation and SMMUSD. \_\_\_\_ Yes \_\_\_\_ No

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Signature of Parent or Guardian

Date