



# 2024-25 Student Information Sheet

PLEASE COMPLETE ALL INFORMATION TO HAVE YOUR APPLICATION PROCESSED TODAY'S DATE \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age on Sept 1, 2024: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Sex: \_\_\_ male \_\_\_ female \_\_\_ other Child's Nickname: \_\_\_\_\_

Child's tribal affiliation(s): \_\_\_\_\_

Child's special needs, issues or interests: \_\_\_\_\_

Enrollment Options (Please check all that apply): Preferred start date: \_\_\_\_\_

\_\_\_\_\_ Salish immersion school (9:00 am -3:30 pm) \_\_\_\_\_ before school care (7:30 - 9:00 am)

\_\_\_\_\_ after school care (3:30 - 5:30 pm)

### Parent/Guardian 1

Name: \_\_\_\_\_ Lives w/ child? yes no

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tribal affiliation(s): \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_ Lives w/ child? yes no

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tribal affiliation(s): \_\_\_\_\_

### Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to child/parents/guardians: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child/parents/guardians: \_\_\_\_\_

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



# Parent/Guardian Salish Obligation

Following is the mission statement of Salish School of Spokane:

**Dynamic Salish language revitalization powering cultural renewal and building a stronger, healthier community.**

In order to accomplish this mission, at least one of the parents/guardians of any enrolled child must be an active learner of Salish language. Children who do not have at least one parent or guardian who is actively learning and speaking Salish may not enroll or continue to attend Salish School of Spokane. Parents/Guardians can meet their annual obligation to learn and speak Salish by:

1. having demonstrated advanced fluency in a Southern Interior Salish Language (Colville-Okanagan, Wenatchee-Columbian, Coeur d'Alene, Spokane, Kalispel or Bitterroot Salish) as determined by the Executive Director of Salish School of Spokane or their designee;
2. enrolling in and completing 60 hours of Salish classes annually, with a monthly average of 6 hours. Classes are provided throughout the school year at no cost by Salish School of Spokane. Parents are also eligible for paid Salish language training.

### Parent Language Information

Name(s): \_\_\_\_\_

Do you believe you are highly fluent in a Southern Interior Salish language? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which language(s)? \_\_\_\_\_

If your child is enrolled in SSOS, how do you expect to meet the requirement to be an active learner and speaker of Salish? \_\_\_\_\_

I/We, the undersigned, have read and understood the Salish Obligation form and affirm that in order to maintain my/our child(ren)'s eligibility to attend Salish School of Spokane I/we will demonstrate advanced fluency in a Southern Interior Salish language or I/we will complete at least 60 hours of Salish classes during the 2024-25 school year with a monthly average of 6 (six) hours per month.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date



# Tuition Information Form

Child's Name: \_\_\_\_\_

**Registration Fee** A registration fee of \$50.00 must be submitted to SSOS before a child can be officially enrolled. The fee is due upon notice to parents that their application to enroll a child has been accepted. The registration fee must be submitted before a *Care & Instruction Agreement* can be issued. The enrollment fee is waived for ECEAP students who do not qualify for *Working Connections*.

**Tuition and Due Dates** Tuition is an annual amount due regardless of a student’s attendance. Tuition can be paid in monthly payments due on the first day of the month in which care and education will be provided. If tuition is not paid on time, parents/guardians must make arrangements with SSOS administrative staff (Executive Director or Principal) before bringing a child for care or education. Care/education cannot be provided for children for whom tuition payments or arrangements have not been made.

**Third Party Payers** Payment of tuition and fees is the responsibility of parents/guardians. Salish School of Spokane will work with parents/guardians to accept third-party payments and subsidies, but these arrangements will not change the financial obligation of parents to pay tuition.

**Tuition Credits** Salish School of Spokane is committed to providing care and education to families and children regardless of economic status, so tuition credits are available as follows:

**2024-25 Tuition Schedule:**

<b>Annual tuition for Salish immersion childcare and schooling (actual cost)</b>	<b>\$24,000.00</b>
Tuition credit for required parent Salish learning hours (60 hours annually) (66% credit)	\$15,750.00
<b>Annual tuition per child after Salish credit (11 x \$750 )(34% of cost)</b>	<b>\$8,250.00</b>
Tuition credit for moderate income and required parent Salish learning hours (73% credit)	\$17,400.00
<b>Annual tuition per child after moderate income and Salish credits (11 x \$600) (27% of cost)</b>	<b>\$6,600.00</b>
Tuition credit for low income and required parent Salish learning hours (79% credit)	\$19,050.00
<b>Annual tuition per child after low income (reduced lunch) &amp; Salish credits (11 x \$450) (21% of cost)</b>	<b>\$4,950.00</b>
Tuition credit for very low income and required parent Salish learning hours (86% credit)	\$20,700.00
<b>Annual tuition per child after very-low-income (free lunch) &amp; Salish credits (11 x \$300) (14% of cost)</b>	<b>\$3,300.00</b>

\*an additional tuition discount of 10% for additional children may be available for families with more than one child enrolled at Salish School of Spokane, and; additional tuition reduction may be available for families with above average financial obligations or who are facing other hardships. Additional tuition reduction is at the sole discretion of the Executive Director or designee of Salish School of Spokane.

I/We, the undersigned, have read and understand the Tuition Information Form and understand that at all times, I/We, as the parent/guardian(s) of \_\_\_\_\_ are financially responsible for any tuition payments due to Salish School of Spokane, regardless of any arrangements with third-party payers, and that we will meet the **60 hour annual Salish study obligation** in order for our child(ren) to be enrolled at and attend Salish School of Spokane.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date



# 2024-25 School Calendar & Policies

Date	Calendar Event
Aug 27-29, 2024	Teacher work/training days.
Aug 29, 2024	Open House, 4:30-6:30 pm
Friday, Aug 30	No school, no work
September 3, Tuesday	<b>First day of school.</b>
September 10, Tuesday	Lang Nest & ECEAP Preschool parent orientation, 5:30-7:30 pm
September 12, Thursday	K-8 Elem parent orientation, 6-7:30 pm (dinner @5:30)
September 16-19	Parent & Community Salish classes begin, 6:00-8:00 pm
September 20	No school. Staff professional development.
October 14	No school. Indigenous People's Day.
October 25	No school. Staff professional development.
November 22	No school. Staff professional development.
November 25-29	No school. Thanksgiving Break.
December 20	No school. Staff professional development.
December 23-Jan 3	No school. Winter Break.
January 6	School resumes after winter break.
January 17	No school. Staff professional development.
January 20	No school. Martin Luther King Jr. Day.
February 14	No school. Staff professional development.
February 17	No school. President's Day holiday.
March 12-14	No school. Staff training- Celebrating Salish Conference.
March 28	No school. Staff professional development.
April 7-11	No school. Spring Break.
April 18	No school. Staff professional development.
May 23	No school. Staff professional development.
May 26	No school. Memorial Day.
June 13	No school. Staff professional development.
June 16-27	No school. June break. (two weeks)
July 4, Friday	No school. 4 <sup>th</sup> of July holiday.
July 18	No school. Staff pro-d day / Summer Immersion Symposium
July 31, Thursday	Last day of classes for students/ Evening Bar-B-Que @5:30 pm
August 1	Teacher work/training day.
August 4-8	Optional Camp week for students.
August 11-29, 2025	No school. Summer break.
Sept 2, 2025	First day of school, 2025-26.

### Absences/Holidays

- Salish School of Spokane will not add make-up days to the school calendar nor refund tuition for closures due to emergencies, snow days, or other unexpected or weather conditions.
- There are no make-up days or reductions in tuition for child absences due to illness, emergencies, family vacations, or other absences.
- There are no tuition reductions or make-up days for Thanksgiving, Christmas or for Spring, June, or August Breaks, holidays, nor for professional development days. Tuition is for the entire school year and is payable monthly as a convenience to parents.

### Payment

- If paid monthly, tuition is due on the first day of the month in which care and education is to be provided.
- If tuition is not paid on time, parents/guardians must make arrangements with the Salish School of Spokane administration before bringing a child for care for an unpaid month. Care cannot be provided for children for whom tuition payments or arrangements have not been made.
- SSoS accepts cash, checks, money orders and credit/debit cards. A fee of \$30.00 is charged for returned checks.

\_\_\_\_\_  
Parent Guardian Initial

\_\_\_\_\_  
Parent Guardian Initial



# Student Counseling Policy

Salish School of Spokane has the goal of providing the best educational experiences possible, designing and implementing a variety of educational, cultural and social programs to meet the unique needs of each of our students. Our goal is for our students to have a strong, healthy sense of self, to be confident, life-long learners, and to be cultural leaders who serve and empower their communities. In keeping with these goals, our teaching and social services staff will meet with students from time to time in order to assist them in their personal, educational and social development, including offering academic, cultural, social and personal counseling. Academic, cultural and social counseling will be performed by instructional, cultural and administrative staff, and personal counseling will be performed by licensed school or therapeutic counselors or counseling interns under the supervision of SSOS staff. In general, parents will not be contacted prior to their students receiving routine counseling at school. If students are identified as having an extraordinary need for therapeutic personal counseling, SSOS administration will reach out to parents and notify them of such counseling services so that parents are aware of the counseling services being provided by the school and can be part of the plan to assist and empower their child.

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ do hereby acknowledge receipt and understanding of the above SSOS student counseling policy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Photo/Video Release Form

Salish School of Spokane (SSOS) participates in Early Achievers, ECEAP, Early ECEAP, Science in Action, UW Med Ed, and other professional development programs. These programs require photographs, videos, and observations of the children, parents, volunteers, visitors, and staff of SSOS. SSOS also uses images of students, staff and families in order to promote our mission and raise funds. Therefore, we ask that parents grant permission for SSOS to use and share images of children and families for the purposes of advancing our mission.

I, the undersigned, hereby grant permission for Salish School of Spokane, its employees, agents or volunteers to photograph and/or video my child \_\_\_\_\_ for the purposes of promoting the school's mission. I understand the photos and videos may (or may not) be used for evaluation, curriculum and publicity purposes or any other use Salish School of Spokane intends, which may include print, web and broadcast curriculum and publicity materials or other curriculum or publicity purposes. I acknowledge that there will be no notice given to me as to when or how Salish School of Spokane may use the photos/videos. Children will not be identified by their English name in any publication of photos without the written consent of the parent/guardian.

Upon request, any photos or videos taken will be freely shared with the parents of depicted children, but photos and videos shall be the sole property of Salish School of Spokane.

By signing below, I acknowledge that I have received a copy of this release form and agree to all conditions herein.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Consent for Pick-up/Drop-off

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parents/Guardians must accompany children into and out of the school and sign them in and out when arriving and departing for any length of time.

Parents/Guardians may give permission for others to pick-up or drop-off their children, but that permission must be in writing. To facilitate parental consent for pick-up and drop-off, please list below the names and phone numbers of those other than the parents/guardians who have permission to pick-up and/or drop-off your child. You may add and remove names at any time by updating this form.

**1. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**

**2. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**

**3. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**

**4. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**



# Health Information & Consent for Treatment

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Regular Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

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

Date of last visit: \_\_\_\_\_

Child's Regular Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

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

Date of last visit: \_\_\_\_\_

Child's Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Please list all of child's food and/or medication allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Please list child health conditions or issues, including behavioral issues:  
\_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained?    \_\_\_\_\_ yes    \_\_\_\_\_ no

Does your child have an IEP ?    \_\_\_\_\_ yes    \_\_\_\_\_ no

### Emergency Treatment Consent:

I/We, \_\_\_\_\_, do hereby give consent for the staff of Salish School of Spokane to seek and authorize emergency medical or dental care for my/our child, \_\_\_\_\_.

\_\_\_\_\_  
Parent Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Name

\_\_\_\_\_  
Date