



2016-17 Student Information Sheet

PLEASE PROVIDE ALL REQUESTED INFORMATION IN ORDER TO HAVE YOUR APPLICATION PROCESSED

Child's Name: _____

Child's Age on Sept 1, 2016: _____ Child's Date of Birth _____

Child's Sex: ____ male ____ female Child's Nickname: _____

Child's tribal affiliation(s): _____

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

_____ Salish school (9:00 am - 3:30 pm)

_____ extended morning school (7:30 - 9:00 am)

_____ extended afternoon school (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:

The mission of the Salish School of Spokane is to create a vibrant community of fluent speakers of Interior Salish languages by providing Salish language instruction to children and by empowering parents and families to speak Salish in their daily lives.

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 enrollment at 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, Wenatchee-Columbian, Coeur d'Alene, Spokane, Kalispel, Pend Oreille, or Bitterroot Salish) as determined by the Executive Director of Salish School of Spokane or their designee;
2. enrolling in and completing 40 hours of Salish classes annually, with a monthly average of 4 hours. Classes are provided throughout the school year at no cost by Salish School of Spokane and its partners.

Parent Language Information

Name(s): _____

Are you 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 40 hours of Salish classes during the 2015-16 school year with a monthly average of four 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 any 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 *Tuition and Care Agreement* can be issued.

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 Salish School of Spokane staff 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. Below is a sample tuition schedule:

Tuition Schedule:

Annual tuition for Salish immersion childcare and schooling	\$9,350.00
Tuition Credit for required parent Salish learning hours (40 hours annually)	\$2,200.00
Annual tuition per child after Salish credit	\$7,150.00
Tuition credit for moderate income family (eligibility based on income and family size)	\$2,200.00
Annual tuition per child after moderate income and Salish credits	\$4,950.00
Tuition credit for children receiving free or reduced price lunch	\$4,400.00
Annual tuition per child after free/reduced lunch and Salish credits	\$2,750.00

*an additional tuition discount of 10% per child is available for families with more than one child enrolled at Salish School of Spokane; an additional annual tuition credit of \$600.00 may be available for families who attend 20 hours of Salish class beyond the required 40 annual hours, 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 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 40 hour annual Salish study obligation in order for our child(ren) to be enrolled at Salish School of Spokane.

Parent Guardian Signature

Date

Parent Guardian Signature

Date



2016-17 School Calendar & Policies

Date	Calendar Event
Aug 29 - Sept 2	Administrative Team work days
September 1 & 2	Teacher work/training days
September 6	First day of school. Extended morning school starts at 7:30 am; immersion school starts at 9:00.
September 23	No school. Staff professional development.
October 21	No school. Staff professional development.
November 18	No school. Staff professional development.
November 21-25	No school. Thanksgiving Break.
December 16	No school. Staff professional development.
December 19-January 2	No school. Winter Break.
January 3 (Tuesday)	School resumes after winter break.
January 13	No school. Staff professional development.
January 16	No school. Martin Luther King Jr. Day.
February 17	No school. Staff professional development.
February 20	No school. President's Day holiday.
March 8-10	No school. Staff professional development, Celebrating Salish Conference.
March 24	No school. Staff professional development.
April 3-7	No school. Spring Break.
April 21	No school. Staff professional development.
May 26	No school. Staff professional development.
May 29	No school. Memorial Day.
June 19-23	No school. June break.
July 3-4	No school. 4 th of July holiday.
July 21	No school. Staff professional development.
August 9	Last day of school.
August 10-September 1	No school. Summer break. (teacher work days on Aug 31 st & Sept 1 st)
September 4	No school. Labor Day
September 5	First day of school. Extended morning school at 7:30 am; immersion school starts at 9:00 am.

Absences/Holidays

1. 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.
2. There are no make-up days or reductions in tuition for child absences due to illness, emergencies, family vacations, or other absences.
3. There are no tuition reductions or make-up days for Thanksgiving, Christmas or for Spring, June, or Summer Breaks, holidays, nor for professional development days. Tuition is for the entire school year and may be payable monthly as a convenience to parents/guardians.

Payment

1. If paid monthly, tuition is due on the first day of the month in which care and education is to be provided.
2. If tuition is not paid on time, parents/guardians must make arrangements with Salish School of Spokane staff 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.
3. Salish School of Spokane accepts cash, checks, money orders and credit/debit cards. A fee of \$30.00 will be charged for returned checks.

Parent Guardian Initial

Parent Guardian Initial



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