2017-18 Student Information Sheet

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

Child's Name: _____

Child's Age on Sept 1, 2017: _____   Child's Date of Birth _____

Child's Sex: _____ male _____female   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 school (9:00 am -4:00 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:

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 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, 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 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.

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 60 hours of Salish classes during the 2017-18 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 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 works to provide care and education to families and children regardless of economic status, so tuition credits are available. Below is a sample tuition schedule:

2017-18 Tuition Schedule:

Annual tuition for Salish immersion childcare and schooling	**$15,500.00**
Tuition credit for required parent Salish learning hours (60 hours annually) (50.3% credit)	$7,800.00
Annual tuition per child after Salish credit (11x$700)	**$7,700.00**
Tuition credit for moderate income and required parent Salish learning hours (64.5% credit)	$10,000.00
Annual tuition per child after moderate income and Salish credits (11x$500)	**$5,500.00**
Tuition credit for low income and required parent Salish learning hours (78.7% credit)	$12,200.00
Annual tuition per child after reduced lunch schedule and Salish credits (11x$300)	**$3,300.00**
Tuition credit for very low income and required parent Salish learning hours (85.8% credit)	$13,300.00
Annual tuition per child after free lunch schedule and Salish credits (11x$200)	**$2,200.00**

*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 10 hours of Salish class beyond the required 60 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 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

Date	Calendar Event
Aug 28-30	Administrative Team work days
Aug 31 & Sept 1	Teacher work/training days
September 5	First day of school. Before school care starts at 7:30 am; immersion school starts at 9:00.
September 22	No school. Staff professional development.
October 20	No school. Staff professional development.
November 17	No school. Staff professional development.
November 20-24	No school. Thanksgiving Break.
December 22	No school. Staff professional development.
December 25-January 5	No school. Winter Break.
January 8 (Monday)	School resumes after winter break.
January 15	No school. Martin Luther King Jr. Day.
January 26	No school. Staff professional development.
February 16	No school. Staff professional development.
February 19	No school. President's Day holiday.
March 7-9	No school. Staff professional development, Celebrating Salish Conference.
March 23	No school. Staff professional development.
April 2-6	No school. Spring Break.
April 20	No school. Staff professional development.
May 25	No school. Staff professional development.
May 28	No school. Memorial Day.
June 15	No school. Staff professional development.
June 18-22	No school. June break.
July 4	No school. 4th of July holiday.
July 20	No school. Staff professional development.
August 8	Last day of school.
August 9-31	No school. Summer break. (teacher work days on Aug 30-31)
September 3	No school. Labor Day.
September 4	First day of school. Before school care 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 is 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 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.
3. 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

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