



Cultivating intellectually curious, eco-literate, compassionate, self-reliant thinkers, prepared to solve the challenges of their world.

Dear New Syringa Mountain School Families,

We welcome you and your child to our school family! Syringa Mountain School will provide a **free public Waldorf inspired education** dedicated to developing the whole child. We understand the importance of your decision to enroll your child at our school and we look forward to your involvement in the education of your child here at Syringa.

Attached to this letter are the required registration forms for the 2015-16 academic school year. Please **print, complete and return** the forms indicated along with copies of your **immunization records, birth certificate for Kindergarten students** and your **check for \$150 for school supply/activity fees by July 15th**.

One of the commitments a family makes when enrolling in Syringa Mountain School is a commitment to volunteerism during the school year. Please be sure to sign the Parent Volunteer Agreement included in this packet.

We ask you to stay connected to your child's Syringa experience by reading the **weekly school newsletter** sent to you electronically, by responding to your teacher's electronic updates, and by joining us on Facebook. And of course please share our website with family and friends! www.syringamountainschool.org

Here is a checklist of what you will need to complete and return to our office:

- | | |
|--|---|
| <input type="checkbox"/> Dress code/snack guidelines | <input type="checkbox"/> Individual Student Information |
| <input type="checkbox"/> Parent Volunteer Agreement | <input type="checkbox"/> Student Injuries/Medical Release |
| <input type="checkbox"/> Student Family Information | <input type="checkbox"/> Authorization for School Records Release |
| <input type="checkbox"/> Exceptional Student Services | <input type="checkbox"/> Birth Certificate for KG Students |
| <input type="checkbox"/> Income Determination Form | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> Immunization information | <input type="checkbox"/> Parent Involvement Survey |
| <input type="checkbox"/> Student Fees \$150– send check or | |

Can be paid online at www.syringamountainschool.org

Please make sure to keep pages 7-9 for your records. Fax, or send the rest to: 208-788-2464 or 4021 Glenbrook Dr. Hailey ID 83333

Our warmest welcome to you,

Svea Grover, Operations Director



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compassionate, self-reliant thinkers, prepared to
solve the challenges of their world.

Student Information: Last Name _____

Please print all information clearly:

Last Name: _____ First Name: _____ Middle Name: _____ (full legal name)

Preferred first name or nickname: _____ [] Female [] Male Grade for 2015-16: _____

Birth Date: _____ Last School Attended: _____

Permission to contact child's previous teacher: [] Yes [] No Teachers' Name: _____

If no, please explain: _____

Ethnicity: [] Hispanic/Latino [] American Indian/Alaskan Native [] Asian [] African American [] Hawaiian/Other
Pacific Islander [] White

Mailing Address: _____ City: _____ State: _____ Zip: _____

Has this student ever been suspended or expelled? [] Yes [] No

If yes, please explain _____

Does this student have a current Individual Education Plan (IEP) or are they receiving 504 services? [] Yes [] No
(If yes, please complete the Exceptional Child Services Form)

Custodial Information: Are there any legal issues such as guardianship/custody/court orders that we should be aware
of? [] Yes [] No If yes, please explain and provide a copy of any court orders: _____

Health Information: Has your child ever been diagnosed with a serious illness such as diabetes or asthma?

[] Yes [] No If yes, please explain: _____

Does your child have any allergies we should be aware of? [] Yes [] No If yes, please explain: _____

Please list any other health history, disease, health problems or handicap (such as orthopedic, heart, vision or hearing)
or anything that school staff should be aware of in order that we may give your child the best opportunity for learning.:

Physician: _____ Phone Number: _____

**Kindergarten Students Only: As a Kindergartener, your child will be participating in an off campus, hike day each
week to various locations. Transportation will most often be through Mountain Rides bus service and your teacher
will communicate weekly about that week's adventure. Parent Signature: _____ Date: _____

Parent /Guardian Information: (only needs to be filled out once if more than one child registering – print clearly please)

Parent 1: First Name: _____ Last Name: _____ Relationship to child: _____

Mailing Address: Same as child Different Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____ **school info will be sent here

Parent 2: First Name: _____ Last Name: _____ Relationship to child: _____

Mailing Address: Same as child Different Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____ (**school info will be sent here)

Emergency Contacts (other than parents who we may call in emergency and who may pick up your child)

Name: _____ Relationship to Student: _____ Phone #: _____

Name: _____ Relationship to Student: _____ Phone #: _____

After reading school policies attached to this packet, please initial the following:

- **Your Contact Information** will be used for the following purposes – school, teacher and parent communications, including school social events, school directory, and other community events for Syringa Mountain School. At no time will this information be distributed outside Syringa Mountain School. *Initial here to approve* ____
- **Photos, video and recordings** may be taken of your child for public education and promotional projects by Syringa Mountain School. There will be no compensation for the above and these will become the property of Syringa Mountain School. *Initial here to approve* ____
- **I have read and understand Syringa Mountain School’s dress code:** *Initial here* _____
- **I have read and accept the Parent Support Agreement:** *Initial Here* _____

Parent/Guardian Signature: *To the best of my knowledge, the information provided herein is accurate and has not been misrepresented or falsified.* Date: _____

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Student Injuries/Medical Costs:

Student Name: _____

Grade 2015-16 _____

It is important for parents to understand that even with Syringa Mountain School taking the greatest of all precautions and having close supervision, accidents unfortunately can happen. Syringa Mountain School carries only liability insurance, meaning that we do not carry health insurance that will cover the cost of medical expenses resulting from an injury that a student may sustain while attending school or during off-campus activities and field trips.

Parents/Guardians should be prepared for possible medical expenses that may arise if their child is involved in an accident at school.

Waiver/Release/Assumption of Risk

I/we _____, in consideration of the educational programs to be provided to my child, _____, on behalf of myself/ourselves and my/our child, release, waive, hold harmless and forever discharge Syringa Mountain School (the "School"), its officers, directors, employees, volunteers, independent contractors, agents and/or representatives of any kind, from any and all liability for all actions, all bodily injury and property damage claims, demands, or damages accruing to me/us resulting from any known or unknown injury, loss, or damage to person or property, or death, together with any attorney's fees and costs of litigation including, but not limited to those on appeal or in bankruptcy court, sustained or incurred by me/us, my/our child or any third party on or about the School premises while my child is participating in any of the School programs. I/we agree to assume all risks of activities at the School and acknowledge that I/we are aware of the risks inherent in allowing my child/children to attend the School and its programs. I/we agree this waiver and release shall legally bind me/us and my/our child, and my/our heirs, trustees, personal representatives and assigns. I/We are aware that we are releasing certain legal rights by this Contract that we otherwise might have.

I have read and understand that the medical costs for injuries that occur at school or during off-campus activities are the parent/guardian's responsibility.

Parent/ Guardian Signatures: _____ Date: _____

Parent/ Guardian Signatures: _____ Date: _____

Medical Consent

I hereby consent to the treatment of my minor child by a medical physician or medical personnel at any hospital or temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to my minor child while on the school grounds of Syringa Mountain School or on a school sponsored field trip. This consent shall include, but not be limited to, any surgery deemed required or desirable for the immediate health and medical treatment of my child. **This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment.**

This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

Parent/ Guardian Signatures: _____ Date: _____

Parent/ Guardian Signatures: _____ Date: _____

Syringa Mountain School Exceptional Child Services Form

Child's Name: _____ Grade: _____

Syringa Mountain School implements necessary procedures to ensure that students with disabilities attending our school receive special education and related services that meet the requirements of the Individuals with Disabilities Education Act (IDEA).

In order to help us meet the needs of your child, please complete the following: (check all that apply)

GATE (Gifted and Talented Education) Services:

- Currently qualified to receive GATE Services at _____ (school).
- Received GATE Services in the past but it is no longer necessary. Service was terminated on _____ (date).
- Was referred for GATE testing but consent was declined by parents.
- Was referred and tested for placement in GATE Services but placement was declined by parents.
- Was referred and tested for placement in GATE Services but did not qualify on _____ (date) at: _____ (school)

504 Plan:

- Currently on a 504 plan
- Qualified for a 504 Plan but benefit was declined.
- Was on a 504 Plan in the past but it is no longer necessary. Service was terminated on _____ (date)

Special Education Services:

- Currently on an "IEP" Plan
- Was referred/tested for placement in special education on _____ (date) at: _____ (school) Was referred
- _____ (school) Was referred
- for assessment for Special Education but consent was declined by parents.
- Was referred and qualified for placement in Special Education but placement was declined by parents. Currently receiving special education services on an Individual Education Plan (IEP) at _____ (school)

Check all that apply:

- Developmental Therapy
- Speech
- OT/PT
- Special Education

- Received special education services on an Individual Education Plan (IEP) in the past but it is no longer necessary and service was terminated on _____ (date) at _____ (school)

Check all that apply:

- Developmental Therapy
- Speech
- OT/PT
- Special Education

English Language Learner (ELL) Services:

- Was referred for placement in English Language Learner (ELL) Services but did not qualify on _____ (date) at _____ (school)
- Was referred and qualified for English Language Learner (ELL) Services but placement was declined by parents.
- Currently receiving English Language Learner (ELL) Services on an English Language Learner (ELL) Plan.
- Received English Language Learner (ELL) Services on an English Language Learner (ELL) Plan in the past but it is no longer necessary and service was terminated on _____ (date).

None of the above are applicable Parent/ Guardian Signatures: _____ Date: _____

The Syringa Mountain School Home Language Survey

The office of Civil Rights and Idaho State Dept. of Education require school districts to determine the dominant language spoken by your students to help provide meaningful instructional programs. Please answer these questions and return to SMS. This questionnaire becomes a part of the district's official documentation of language assessments.

Student's Last Name: _____ First Name: _____ Middle Name: _____

Grade: _____ Date of Birth: _____ Birth Place: _____

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your son or daughter use at home? _____
3. What language do you use when speaking to your child? _____
4. Name the language your child speaks with his/her friends outside of the home: _____
5. Will you need someone to help translate letters sent home? Yes No

Check this box if your family has moved at some time in the past 3 years to look for work in:

- Agriculture (farming/dairy)
- Orchards
- A Nursery (trees, flowers, gardening)

Signature of Parent/Guardian: _____ Date: _____

Translators Name: _____ if utilized Signature: _____ Date: _____

2015-16 Parent Support Agreement

Dear SMS Families & Parents,

Enrolling in Syringa Mountain School is a commitment to creating the best possible support for your child's educational success and this is only possible with a strong partnership between home and school. You have not simply chosen a school for your child; you have decided to become a contributing member of a community committed to social renewal. We are excited you are here! Just as you have expectations of Syringa Mountain School, we have expectations of you as a parent. The Waldorf inspired educational experience you have chosen for your child is only possible if we are all working together collaboratively toward shared goals. Here are the three supports we ask from you.

1. Support your child's education at school and at home.

The first area of engagement is direct support of your child's educational process. There is no suggested number of hours that this will require – it is simply an ongoing commitment to be involved and attentive to your child's day to day experience and to support the classroom and school community as you are able. Here is what we ask:

- ✓ Assure your child(ren) arrive on time. The holistic nature of the curriculum means that any student arriving late not only loses the benefit of what they missed, but also disrupts the learning process for the entire class. Excessive tardies and/or absences may jeopardize successful learning and reduce the amount of school funding we receive from the state. Our state funds are generated based on our students' attendance, we need a full house!
- ✓ Attend two parent/teacher conferences, and additional meetings as needed.
- ✓ Attend three (yes, only 3) parent education offerings each year. Take advantage of these opportunities to grow in your understanding of the needs of the developing child and how Waldorf Education meets those needs. These meetings will be accompanied with an activity and pizza so your children can attend as well.
- ✓ Respond to requests for classroom support from your child's teacher and/or the parent classroom representative. Examples of classroom needs include driving for field trips, making costumes for plays, assisting with in-school events such as plays and performances, helping with class events such as fundraising activities, making food for a class celebration, etc. It is important for the health of the class community that these responsibilities are shared by all and do not fall to a handful of families.
- ✓ In those instances where homework is assigned, making sure that homework is completed.
- ✓ Limit the amount of media/technology your children are exposed to. We suggest completely eliminating all electronic media from Sunday late afternoon to Friday after school, for grades K-5. See our website for more information on why we minimize media/technology exposure.
- ✓ Promote positive use of your child's extracurricular time.
- ✓ Create daily and weekly rhythms for your child at home; share meals together.
- ✓ Send wholesome ingredients, fruits and vegetables, and as little sugar as possible. Pack only water to drink. No gum, candy, soda, juices, unhealthy foods. Send snacks and lunches in reusable containers with reusable utensils in lunch baskets or boxes void of media or commercial images.

2. Contributing time and talents to the whole school community – 40 hrs. per year per family

We ask that you please **contribute your unique talents!** Syringa Mountain School's festivals,

gardens, class parent positions, fundraising events, and our committees make for a vibrant community that draws people in and strengthens our school. We have succeeded because everyone

takes responsibility for supporting what benefits us all. We understand that many families have two working parents and time is limited to volunteer, but there are many different ways to contribute, and we hope you will strive to meet our **40** hours per family per year expectation with something that works with your schedule, interests and expertise. Upon enrollment, each parent is asked to complete a *School Service & Volunteerism Survey* stating their volunteer areas of expertise and interest. Each parent keeps track of their hours.

3. Providing financial support at a level that works for you

The funds we receive from the State of Idaho **are not sufficient** to provide the full Waldorf program we offer. Unlike other Blaine County Public schools, we receive only funding from the state in the amount of approx.. \$4200 per student. Other Blaine County Public schools for example, receive this, but also an additional \$14,000 approximately per student from our property taxes and local school levies. In order for us to thrive, grow and provide the enriched programs inherent in Waldorf methods. We rely on the resources, networking and collaborations of our parent body. It is our expectation that you will:

- ✓ **Financially Support SMS through an annual donation.** We seek 100% participation from our families at whatever financial level you are able to contribute. As long as public school funding stays at historically low levels, and as long as charter schools are not funded equivalently to other public schools, SMS needs to raise approximately \$2000 per student per year to augment operational costs and provide this unique education that requires Waldorf trained staff, additional teachers to teach farm, garden and sustainability, handwork, wood working, Spanish, Mandarin, and integrated arts such as painting, drawing, drama, and music including voice, flute, violin, viola and cello.

Syringa Mountain School Dress Code

Dress Code – KG – 5th

Children are expected to dress neatly and cleanly and warmly. Clothing is to fit well: no sleeves dangling over the hands or pants that drag on the ground and be free of popular media images. Students work and play hard, and clothing may become soiled so keep this in mind when dressing your child for school. Please send an extra set of clothing for your child to stay in their cubby area and well fitting indoor shoes that stay at school. Please label all items if possible to prevent them from ending up in the lost and found.

Logos:

SMS strives to be a model of quality and beauty in the educational process and to create an atmosphere of care and respect in all that fills the lives of students at our school. **To that end we ask that all clothing, shoes, school bags and lunch containers be free of any logos, corporate advertising, and popular media images or characters. (for example: Disney or cartoon characters or scary images)** Furthermore, extreme faddish clothing and accessories such as excessive jewelry and extreme hairstyles have a distracting effect on students and should be avoided. We wish to discourage focus on superficial, outward differences and protect students from influences that tend to prematurely push them into the world of adolescence before they are out of grade school.

6th & Up: For our older students, logos may be permitted, but still need to represent respectful imagery and language. Extra clothing is optional.

Shoes:

Students change into their **indoor shoes** when they arrive at school and wear them while inside the school building. Both indoor shoes and outdoor footwear should support the foot and fit snugly so they do not fall off during active movement. Loose sandals and flip-flops are not permitted. Please have your children wear socks every day.

Hats:

Students are not permitted to wear hats or caps inside unless directed to do so by a teacher.

Water bottle:

Students should have a water bottle labeled with their name at school at all times.

Weather:

Students go outside every day so prepare your child for changing weather including rain and snow. Please dress children in layers, as we can experience many different types of weather in one school day – for example, a good undershirt and long underwear (during cold months), a long sleeve, light sweatshirt or sweater and a coat. Please have your children wear socks every day.

Please Note: For children KG-4th grades, parents are asked to send and leave at school one long sleeve and one short sleeve shirt, a pair of undergarments, a pair of pants, and a sweatshirt. Please make sure all of these clothes are without any of the previously listed images. If a student is dressed inappropriately, or needs a change of clothes for any reason, he or she will be asked to change into one of these items. Please provide a cloth bag with the child's name, for these items to be contained in the cubby area. Questions about our dress policy can be directed to your child's teacher.

Snack/Lunch Guidelines

All children 1st – 6th grades need to bring a hearty snack and lunch each day! If children are staying for aftercare, send an additional hearty snack please. We strive to model healthy eating habits and ask that you send wholesome ingredients, protein, fruits and vegetables, whole grains and as little sugar as possible. No gum, candy, soda, juices, "junk" foods.

Help us in our effort to reduce waste by sending snacks and lunches in reusable containers with reusable utensils in lunch baskets or boxes void of media or commercial images.

School Lunch: With our Farm to School Table Lunch Program, we collaborate with the Wood River Sustainability Center and the Local Food Alliance to bring locally prepared and sourced healthy foods to our children for a nominal fee. Watch for more information and the monthly lunch calendar in the weekly school electronic newsletter. Kindergarteners make a hearty snack each day in class and only need to bring additional food if they are staying for aftercare.

Syringa Mountain School reserves the right at any time to revoke enrollment for any of the following:

1) Poor attendance; 2) Excessive tardiness; 3) Non-compliance with school rules; 4) Misrepresentation or falsification, or omission of any information on any Syringa Mountain School form(s).

Syringa Mountain School does not discriminate on the basis on race, color, religion, and national or ethnic origin in its educational and admissions policies and affords to all students the rights, privileges, programs and activities made available at the school.

Please keep Pages 7-9 for your records

2015-16 Parent Involvement/Volunteer Information,

Parent participation and volunteering are an integral part of the SMS community. This Parent Involvement and Volunteer Survey matches wider volunteer needs at the school with your interest and expertise to generate a resource list of skills in our community. *We request that every parent at the school complete it with their registration package. Thank you so much!!!!*

Please identify any areas of potential interest or expertise below where you would be willing to provide parental support during the school year. If, when an event rolls around, you are unable to help at that time, we understand. We recognize that family, life, work, and health circumstances vary and impact how parents are able to contribute time and energy for our school. Hopefully each parent will explore how they are inspired to offer their time, skills, gifts, thoughts, creativity, organization, etc., throughout the year and throughout their child's journey at Syringa Mountain School. Your contributions are unique, valued, and enhance the whole. Many hands make light work.

Children's Names and Grades: _____

Parent Completing this Page _____

SKILLS/TALENTS/NETWORKING CONTACTS – Please check all that apply:

- Animals/Veterinary -specify _____
- Archery
- Art Skills-specify _____
- Baking/Cooking/Catering
- Basketry
- Bee Keeping
- Blacksmithing/Welding-specify _____
- Carpentry / Construction
- Childcare
- Circus Arts
- Clay work
- Computer Expertise
- Costumes/Sets/Makeup
- Decorations
- Distribute promotional flyers in my local area
- Drama / Theatre production
- Eco-art
- Farming/Husbandry-specify _____
- Gardening/Landscaping/Snow removal
- General housekeeping
- Grant writing
- Graphic Design/Web Design
- Green building/construction -specify _____
- Handwork, Sewing/Knitting-specify _____
- Host a school guest in my home
- Humanities (e.g. _____)
- Legal assistance
- Marketing
- Mathematics/Accounting
- Music, please specify: _____
- Office Assistance
- Outdoor Education
- Own a truck and are willing to do occasional errands
- Painting-specify _____
- Photocopying
- Photography/Videography
- Physical Education/ Dance/Movement
- Science
- Spanish speaking, translation
- Stage and Set Design
- Video/Audio skills
- Weaving
- Wholesale computer hardware & software
- Wholesale Flowers
- Wholesale Food
- Wholesale Paper
- Wholesale Printing
- Woodworking

Thank you for offering your gifts for the benefit of our children, staff and our Syringa Mountain School Community!

INCOME DETERMINATION FORM MUST BE COMPLETED BY EACH FAMILY

Effective July 1, 2015, through June 30, 2016, participants from households with incomes at or below the following levels may enable Syringa to qualify for federal education dollars. Please complete this form and return in a sealed envelope to ensure confidentiality. This information is used by our school administrators to qualify the school to receive federal funds. **This information will not be shared.**

Family Name (s) _____

Names, age and grade level of children attending Syringa Mountain School

NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Locate your household size and the annual income earned each month or year from the chart below. If your monthly or yearly income is equal to or less than the amount on this chart, please initial here.

National School Lunch Income Eligibility Guidelines

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104

To calculate annual income multiply weekly income by 52, monthly income by 12.

I certify that all of the information provided is true and correct. I understand that this information is being given so that Syringa may receive federal funds.

Parent or Guardian Signature

Date Signed

PRIVACY ACT STATEMENT: Various federal programs require the information on this form. You do not have to give the information, but if you do not, the charter school may not be eligible for amounts of federal funding calculated using the data. This form uses free and reduced-price income levels as the threshold to determine your charter school's eligibility for the various federal programs. All information shared is highly confidential and our administrative staff will handle with upmost care.



Authorization for Release of Information:

Student Name: _____ Date of Birth: _____

With this form, I authorize the following schools to release all information and records (including any Special Ed, IEP, 504 or related documents) to Syringa Mountain School at their earliest convenience.

Name of School # 1: _____

School Phone or Fax number: _____

Name of School #2: _____

School Phone or Fax number: _____

Parent Name (Printed) _____

Parent/ Guardian Signature: _____ Date: _____

For Questions regarding this request, please call Syringa Mountain School

Phone: 208-806-2880

Fax: 208-788-2464

Mailing Address: 4021 Glenbrook Dr., Hailey, ID 83333