

Dear Syringa Mountain School Families,

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



***Imagine a school that…***

* Nurtures the intellect, imagination, and emotional life of each child
* Offers a rigorous, relevant, balanced, and memorable liberal arts education
* Incorporates sustainable living practices and experiential learning through daily animal husbandry and gardening skills
* Infuses academics with singing, painting, drawing, flute, violin, storytelling, handwork, and drama
* Touches children’s hearts and kindles their imaginations
* Inspires children to live engaged and successful lives, prepared to meet the demands of their world

Syringa Mountain School is that envisioned school and we welcome you to join us in providing this public school dedicated to developing the whole child, the heart, the head, the hands-a Waldorf education in a public school setting. We understand the importance of your decision to enroll your child at our school and we look forward to offering parents meaningful ways to volunteer and be involved in the education of Syringa Mountain School students.

Attached to this letter are the enrollment forms for the 2014-15 academic school year. I know it is a lot, but only for this first year when all students are new! Please **print, complete and return** all of the forms including your immunization records and birth certificate for Kindergarten students at our upcoming

**Enrollment Fair March 5, 3:00-6:00 PM at the Community Campus, Minnie Moore Room**

to finalize your child's registration for the 2014-15 school year. If you are unable to attend the event, please mail your forms to Syringa Mountain School and we will make separate arrangements for you to come in.

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 encourage you to check our website periodically and be sure to **sign up** for our newsletter to be kept

apprised of upcoming [school news and events. www.syringamountainschool.org](http://www.syringamountainschool.org/)

Here is what is contained in this packet:**orange** designates forms needing to be completed for each student Page 2: Dress code/snack guidelines **Page 10: Individual Student Information**

Page 3: Parent Volunteer Agreement **Page 11: Student Injuries/Medical Release**

Page 5: Student Family Information **Page 12: Field Trips**

Page 7: Authorization for Records Release **Page 13 Exceptional Student Services**

Page 8: Income Determination Form **Page 14 Home Language Survey**

Page 9: Immunization information Page 15: Parent Involvement Survey Dr. Mary Gervase

Principal 1

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



***Dress Code and Snack/Lunch Guidelines***

# Dress Code

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. Students work and play hard, and clothing may become soiled so keep this in mind when dressing your child for school. In order to keep maintenance chores to a minimum, students are asked to bring indoor shoes that stay at school.

### 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 snuggly 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.

### 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.

### 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 media images or characters.** Furthermore, extreme faddish clothing, accessories such as jewelry, painted nails, 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.

**Please Note:** 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 within in the child’s classroom.** Questions about our dress policy can be directed to your child’s teacher.

# Snack/Lunch Guidelines

Send wholesome ingredients, fruits and vegetables, and as little sugar as possible. No gum, candy, soda, juices, unhealthy 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.

2

***Cultivating intellectually curious, eco-literate, compassionate, self-reliant thinkers,***



***prepared to solve the challenges of their world.***

**2014-15 Parent Volunteer Agreement**

Dear SMS Families & Parents,

Enrolling in Syringa Mountain School is a commitment to creating the best possible supports 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, the school organization has 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 **kinds of engagement we expect from our parents**.

1. **Supporting 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 community created by the teacher. The information you need to engage in this realm will come to you through your child’s teacher, the classroom representative and the information bulletins. Specific expectations include:

* + Assuring that 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 enrollment.
  + Attending all parent/teacher conferences. These generally occur twice a year, but if the need arises a teacher may contact you to schedule an additional conference.
  + Attending all class-‐based parent education offerings. Teachers typically offer 3 or so parent

education meetings per year, designed to place classroom work in context for parents. Do not miss

these!

* + Attending at least two general adult 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 them. As the children around us grow and change, we need to as well.
  + Responding 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-‐based

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.
  + Limiting 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.

3

* + Promoting positive use of your child’s extracurricular time.
  + Create daily and weekly rhythms for your child at home; share meals together.
  + Provide open-ended toys and tasks to allow your child to explore, build, create and imagine.
  + Staying informed about your child’s education and communicating with the school by promptly reading all notices from the school either received by your child or by mail and responding, as appropriate.
  + 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.

1. **Contributing time and talents to the whole school community – 40 hrs. per year per familiy**

The second area of engagement is the **contribution of your unique talents to the community as a whole**. Syringa Mountain School’s festivals, g ardens, animals, grounds , P ar ent A dvi s o r y, and C om m i t t ees make for a vibrant community that draws people in. But these things can only be maintained if everyone takes responsibility for supporting what benefits us all. There are many different areas to contribute toward, so you should have no difficulty meeting 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 on an online volunteer log.

1. **Providing financial support at a level that works for you**

The third area of engagement is **financial**. In brief, at present, the funds we receive from the State of Idaho **are not sufficient** to provide the full Waldorf program we offer. To thrive and grow; 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 estimates it will need to raise $100,000 per year to augment operational costs and provide this unique education inspired by Waldorf methods to our children that requires additional part time staff to teach: daily animal husbandry and gardening experiences, handwork, wood working, Spanish, integrated arts such as painting, drawing, drama, and music including flute and violin.
* P**articipate in point of sale fundraisers *that fit your lifestyle***. We encourage our families to participate in our programs such as “Amazon” where if you link to Amazon from our website, a percentage of your purchase benefits our school! How easy is that! And we will be on the lookout for more of these possibilities.

At the same time, we know that due to life circumstances, we will be in a position to help some of our families to offset their school related expenses such as a field trip cost. There are many, creative ways we can all support SMS.

Acknowledge and Signed,

Parent Signature Dated

Parent Signature Dated

4

**Student Family Information Today’s Date:**

Child # 1

Last Name: First Name: Middle Name:

*(full legal name)*

Preferred first name or nickname:

Female Male

Grade for 2014-2015: Birth date: Last School Attended: From what district: **Child # 2**

Last Name: First Name: Middle Name:

*(full legal name)*

Preferred first name or nickname:

Female Male

Grade for 2014-2015: Birth date: Last School Attended: From what district: **Child # 3**

Last Name: First Name: Middle Name:

*(full legal name)*

Preferred first name or nickname:

Female Male

Grade for 2014-2015: Birth date: Last School Attended: From what district: **Child # 4**

Last Name: First Name: Middle Name:

*(full legal name)*

Preferred first name or nickname:

Female Male

Grade for 2014-2015: Birth date: Last School Attended: From what district:

Students Physical Address: City: State: Zip: Students Mailing Address: City: State: Zip: Students home phone:

Are there any legal issues such as guardianship/custody/court orders that we should be aware of?

Yes No If yes, please explain: We need your permission for your child’s teacher to contact your child’s previous school year teacher. Please indicate your permission. Yes No

If no, please explain:

5

**Student Family Information continued**

Parent/Guardian 1

First Name: Last Name: Relationship to applicant: Street Address: City: State: Zip: *(If different from student’s address)*

Home Phone: Cell Phone: Work Phone: Which phone number is your primary phone? Home Cell Work

Your E-mail address: Your Employer:

Parent/Guardian 2

First Name: Last Name: Relationship to applicant: Street Address: City: State: Zip: *(If different from student’s address)*

Home Phone: Cell Phone: Work Phone: Which phone number is your primary phone? Home Cell Work

Your E-mail address: Your Employer:

**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***

**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 opt out***

NOTICE ABOUT SCHOOL Dress code:

*Please see dress code on page 2 of this Registration Packet.*

I have read and understand Syringa Mountain School’s dress code. ***(Parent initials)***

PARENT/GUARDIAN SIGNATURE:

*To the best of my knowledge, the information provided herein is accurate and has not been misrepresented or falsified.*

Parent/Guardian Signature: Date:

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).

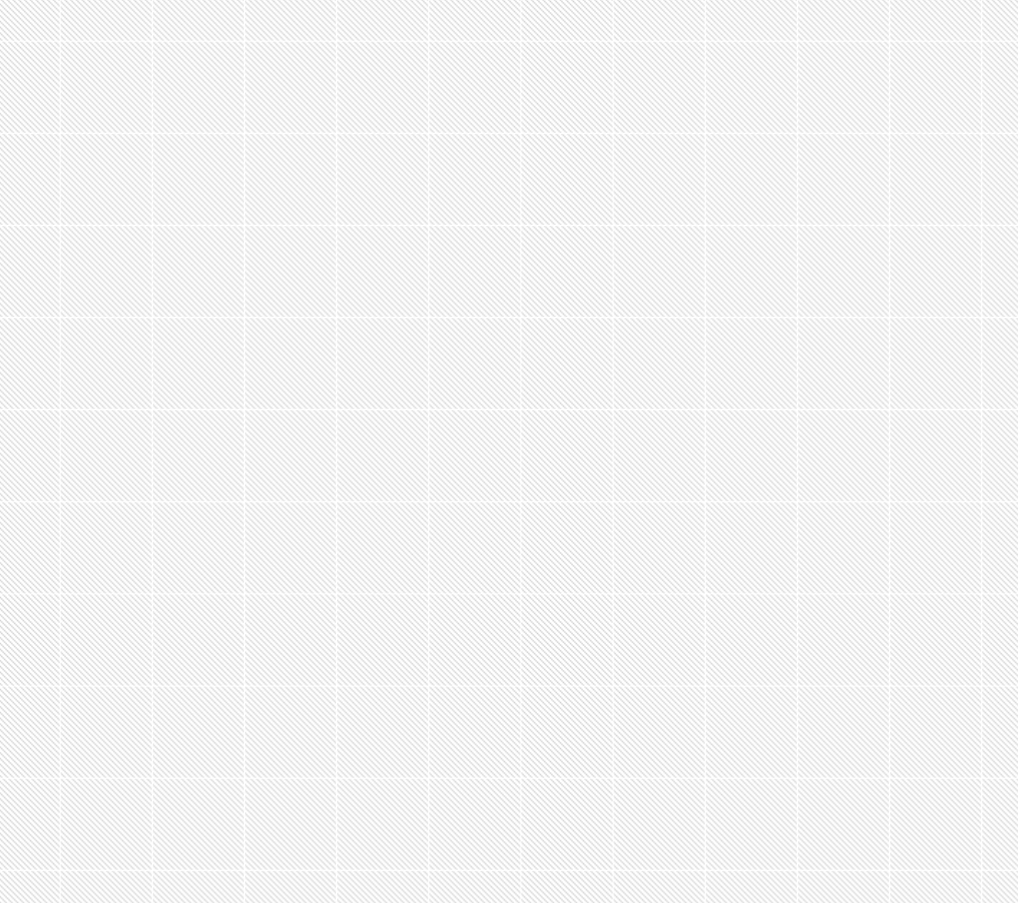
*Syringa Mountain School does not discriminate on the basis on race, color, religion, and national or ethnic origin in its educational and admissions policies and affords to all students the rights, privileges, programs and activities made available at the school.*

6



Authorization for Release of Information

I hereby authorize



school located at

School Name (Escuela)

City (ciudad) state (estado) Zip

Phone (telefono) Fax

##### To transfer all school records on the following student(s):

Name DOB Grade

(Nombre) (grado)

##### Name DOB Grade

Name DOB Grade Send records to:

Syringa Mountain School, P.O Box 3531, Hailey, Idaho 83333

*Please include all records including official school records, medical, psycho- logical, special education, social work and counseling reports.*

I understand the information will be kept confidential and will only be used only for professional reasons. The Family Education Rights and Privacy Act dated June 1976 no longer requires written parental consent to release student educational records between schools.

School Official

Date

Syringa Mountain School, PO Box 3531, Hailey, Idaho 83333 208-720-6327 [www.syringamountainschool.org](http://www.syringamountainschool.org/)

7

**PRIVACY ACT STATEMENT: This explains how we will use the information you give us.** 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. According to federal regulations governing the provision of certain federal programs, a low income percentage is determined from a free and reduced lunch meal program and is used for eligibility purposes. Charter schools that do not operate free and reduced- price lunch programs under the National School Lunch Program must acquire information about the number of students in the school whose families meet the same low income eligibility guidelines in another manner. This form uses free and reduced-price income levels as the threshold to determine your charter school’s eligibility for the various federal programs. We MAY share your eligibility information with education and health programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules. All information is highly confidential and must be handled accordingly by all program officers.

**INCOME DETERMINATION FORM for Idaho Charter Schools**

Family Name or Foster Child Family Name

**INCOME ELIGIBILITY GUIDELINES**

**Effective FROM July 1, 2013 to June 30, 2014**

**REDUCED FREE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ANNUAL | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY | Household Size | ANNUAL | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY |
| 21,257 | 1,772 | 886 | 818 | 409 | 1 | 14,937 | 1,245 | 623 | 575 | 288 |
| 28,694 | 2,392 | 1,196 | 1,104 | 552 | 2 | 20,163 | 1,618 | 841 | 776 | 388 |
| 36,131 | 3,011 | 1,506 | 1,390 | 695 | 3 | 25,389 | 2,116 | 1,058 | 977 | 489 |
| 43,568 | 3,631 | 1,816 | 1,676 | 838 | 4 | 30,615 | 2,552 | 1,276 | 1,178 | 589 |
| 51,005 | 4,251 | 2,126 | 1,962 | 981 | 5 | 35,841 | 2,987 | 1,494 | 1,379 | 690 |
| 58,442 | 4,871 | 2,436 | 2,248 | 1,124 | 6 | 41,067 | 3,423 | 1,712 | 1,580 | 790 |
| 65,879 | 5,490 | 2,745 | 2,534 | 1,267 | 7 | 46,293 | 3,858 | 1,929 | 1,781 | 891 |
| 73,316 | 6,110 | 3,055 | 2,820 | 1,410 | 8 | 51,519 | 4,294 | 2,147 | 1,982 | 911 |
| +7,437 | +620 | +310 | +287 | +144 | For each additional family member add: | +5,226 | +436 | +218 | +201 | +101 |

1. Name of Charter School your child(ren) is attending:
2. Number of children attending:
3. Name of traditional public school district that serves the area in which your child(ren) resides:
4. Number of people living in the household:
5. Is your family or foster child’s yearly, monthly or weekly income equal to or less than the amount on the income eligibility chart? Yes No

Please sign, date and return this form to the school office in a sealed envelope:

I certify that all of the information provided is true and correct. I understand that this information is being given for the receipt of federal funds.

**\_ Signature of Adult Household Member or Foster Parent Printed Name of Adult Household Member or Foster Parent**

**Physical Address Street/Apt. Number**

**\_**

**City State Zip Code Date Signed**

8

1. GUIDE TO THE IDAHO SCHOOL IMMUNIZATION REQUIREMENTS FOR



**Parents** of Children In or Entering Preschool & Grades K-12

***Why Your Child Needs Shots***

***What You Need At Registration***

Children must be in compliance with Idaho Immunization Laws in order to attend school. To be compliant, children must be up-to-date on immunizations (shots) or have a valid exemption form on file. Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter preschool and grades K-12.

You will need to present your child’s immunization record or a valid exemption form to the school at the time of registration to enroll your child. The immunization record must show the date (month, day, and year) your child was given each shot. If you do not have an immunization record or your child has not received all required shots, call your doctor or local health department for an appointment.

***Shots for School***

|  |  |  |
| --- | --- | --- |
| ***Required*** | **MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY (Preschool & K-12)** | |
| **Immunization Requirement by Age** | **Doses of Vaccines Required** |
|  | **Children born on or before September 1, 1999** must have a minimum of: | (4) Diphtheria, Tetanus, Pertussis (DTaP)  (1) Measles, Mumps, and Rubella (MMR)  (3) Polio  (3) Hepatitis B |
| **Children born after September 1, 1999 through September 1, 2005** must have a minimum of: | (5) Diphtheria, Tetanus, Pertussis (DTaP)2   1. Measles, Mumps, and Rubella (MMR) 2. Polio   (3) Hepatitis B |
| **Children born after September 1, 20051** must have a minimum of: | (5) Diphtheria, Tetanus, Pertussis (DTaP)2  (2) Measles, Mumps, and Rubella (MMR)  (4) Polio3  (3) Hepatitis B  (2) Varicella (Chickenpox)4  (2) Hepatitis A |
| **7th GRADE IMMUNIZATION REQUIREMENTS** | |
| **Immunization Requirement by Grade**5 | **Doses of Vaccines Required** |
| **Children admitted to 7th grade** must meet the following minimum immunization requirements in addition to school entry requirements: | (1) Tetanus, Diphtheria, Pertussis (Tdap)  (1) Meningococcal |

* 1. Preschool children need only be age-appropriately immunized with the required vaccines.
  2. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
  3. Polio: The 4th dose is not necessary if the 3th dose was administered at age 4 years or older **and** at least 6 months after previous dose.
  4. Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
  5. 7th Grade Requirement: This requirement will be extended to: 7th-8th grade students in 2012, 7th-9th grade students in 2013, 7th-10th grade students in 2014, 7th-11th grade students in 2015, and 7th-12th grade students in 2016.

If your child’s record is missing one or more doses, please contact your doctor to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend school, provided you complete the Conditional Admission form and get the remaining doses when they become due. If your child is not fully immunized due to medical, religious, or philosophical reasons, the school can provide you with a state exemption form to complete.

Reference

Idaho Code 39-4801 and IDAPA 16.02.15 “Immunization Requirements for Idaho School Children”

Idaho Department of Health and Welfare Idaho Immunization Program 450 W. State Street, 4th Floor P.O. Box 83720 Boise, ID (208) 334-6994

9

INDIVIDUAL STUDENT INFORMATION

Print/complete pages 7-11 for each child enrolled. Thank you!!!!!

**Student Name: Birth date:**

**Grade:**

This information will be shared with appropriate school personnel for educational or safety purposes**.**

Has this student ever been expelled or suspended? Yes No

If yes, please explain: Does this student have a current Individual Education Plan (IEP)? Yes No

Is this student receiving 504 services? Yes No

Parent/ Guardian Signature: Date:

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 disease, health problem or handicap (such as orthopedic, heart, vision, and hearing) or anything that school staff should be aware of**:**

Does your child take medication on a regular basis? **Yes No**

* If yes, name of medication:
* Reason for taking medication:
* List times of day taken:
* Is it necessary to give at school? **Yes No**
* What side effects do you see from this medication: If more than one medication is given, please give names, dosage, times and reason for taking that medication:

List any other medical history not covered that you think is important for us to know in order that we may give your child the best opportunity for learning.

Physician: Phone Number Preferred Hospital:

**Emergency Contacts** *(Other than Parents)*

Name: Relationship (to student): Phone #: Name: Relationship (to student): Phone #:

10

***Student Injuries/Medical Costs***

***Student’s full name:***

***Grade***

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:**

11

**Field Trip Permission**

***Student’s full name: \_Grade***

\*The administration, teachers and staff of Syringa Mountain School believe that community involvement, off campus activities and field trips are an important part of your son’s or daughter’s education. Your child’s teacher will inform you of upcoming off campus and field trip activities far enough in advance to ensure you and your child are prepared.

In order to participate in any off-campus activities/field trips, we are asking you to complete this form granting permission for your child to participate. If you choose not to sign, you are indicating you do not choose to have your child participate in off campus and field trip activities. No student is allowed on any off-campus trips without this signed and completed form. Teachers will not be permitted to make exceptions to this rule for any reason.

My child has does not have permission to attend school related off campus activities.

Parent/ Guardian Signature: Date:

Please **check the yes box** below if you would like to participate as a chaperone on off campus and field trips. Yes

Additional information that you would like us to know about your child for off campus and field trips:

12

**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 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:**

13

**The Syringa Mountain School Home Language Survey**

Child’s Name: Grade:

Dear Syringa Mountain School Parent/Guardian:

The Office of Civil Rights and Idaho State Department of Education require school districts to determine the dominant language spoken by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District’s official documentation of language assessments. Thank you.

Student’s Last Name: First Name: Middle Name:

Grade: Date of Birth: Birth Place:

1. Which language did your son or daughter 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: Translator’s Printed Name (if utilized):

Translator’s Signature: Date:

14



Dear Syringa Mountain School Parents and Guardians,

###### 2014–2015 Parent Involvement/Volunteer Form

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.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Parent/Guardian # 1*** | | | | | | ***Parent/Guardian # 2*** | | | | | |
| Name: | | | | | | Name: | | | | | |
| Address: | | | | | | Address: | | | | | |
| Email: | | | | | | Email: | | | | | |
| Hm Ph: | | Wk Ph: | | Cl Ph: | | Hm Ph: | | Wk Ph: | | Cl Ph: | |
| I prefer to be contacted by: | | Email | | Phone | | I prefer to be contacted by: | | Email | | Phone | |
| The best times for me to volunteer are: | Weekdays | | Weekends | | Evenings | The best times for me to volunteer are: | Weekdays | | Weekends | | Evenings |
| **I approve providing my email address and phone number to the parents of my children’s classes: Y N** | | | | | | | | | | | |

***INTEREST in LEADERSHIP and TEAM WORK on the SCHOOL BOARD AND SCHOOL COMMITTEES:***

Needs may vary each year – please tick areas of interest (and specify Parent #1 or Parent #2).

* **BOARD OF DIRECTORS,** comprised of parents and faculty, is responsible for the financial and legal health of the school and for addressing long range planning for the school. The Board works closely with the faculty to maintain a healthy school.
* **THE PARENT COUNCIL** of SMS exists to build a thriving community to support our school, both students and faculty. All parents/guardians of enrolled students are welcome as members of the Parent Council.
* **SCHOOL AND BOARD COMMITTEES** are formed each year by the Board, the Parent Council , and Faculty to meet identified needs

and are a vital part of our vibrant school community. (please specify which committees below)

* **Marketing, Public Relations and Community Development –** Assist with community outreach, marketing, enrollment, public relations including marketing/enrollment strategies, website and social media development, photography ,graphics design, ad development, staffing off-site and on-site events, networking to strengthen our relationship with like-minded organizations.
* **Fundraising Committee –** Specific tasks might include generating fundraising ideas, assisting with the Annual Fundraising Campaign, participating in promotions and appeals to encourage potential donors to financially support the school, grant writing, donor cultivation and networking, and assisting with fundraising events.
* **Before School Care –** This group would volunteer for and coordinate before school care for our families at no cost.

**Site/Facilities Committee –** Visioning, planning and implementing site improvements now and working toward locating and

* building the future Syringa Mountain School site.

o **Classroom Assistance -** Supporting your child’s class teacher is vitally important to the health of your child’s class.

**o Sustainability Committee**-model and implement sustainable practices such as developing a future school food program, plan and develop landscape, garden, farm, coordinate school wide conservation practices such as carpooling, recycling.

15

**SKILLS, INTERESTS, or CONTACTS I AM WILLING TO SHARE** (please specify which parent)

In addition to scheduled events and activities throughout the year, Syringa Mountain School needs volunteers with specific skills for class activities, committees and wider school projects.

Please let us know your many talents and skills that you might be willing to share with our school. Likewise, if you have contacts in any of the areas mentioned below, please indicate that as well.

###### SKILLS/TALENTS/NETWORKING CONTACTS

* Animals/Veterinary -specify
* Archery
* Art Skills-specify
* Baking/Cooking/Catering
* Basketry
* Bee Keeping
* Blacksmithing/Welding-specify
* Carpentry / Construction
* Childcare o Circus Arts o Clay work
* Computer Expertise
* Costumes/Sets/Makeup
* Decorations
* Distribute promotional flyers in my local area
* Drama / Theatre production
* Eco-art
* 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
  + Farming/Husbandry-specify o Weaving
  + Gardening/Landscaping/Snow removal
  + General housekeeping
  + Grant writing
  + Graphic Design/Web Design
  + Green building/construction -specify
  + Handwork, Sewing/Knitting-specify
* Wholesale computer hardware & software
* Wholesale Flowers
* Wholesale Food
* Wholesale Paper o Wholesale Printing o Woodworking

Other areas:

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

16