



Public Waldorf Charter School

4021 Glenbrook Drive, Hailey, ID 83333 * 208-806-2880 * Fax 208-788-2464

Email: Info@SyringaMountainSchool.org

Returning Student Registration Packet 2017-2018

Open Enrollment Applications are due by April 28, 2017

Open Enrollment Lottery will be held Monday May 8, 2017 at 3p.m.

Post Open Enrollment Applications and subsequent lotteries will be held as the previous lottery wait list is expended.

Dear SMS Returning Families,

We are so grateful to have you as part of our education and school family. Thank you for continuing to be part of this unique and nurturing community.

Attached to this letter are the required registration forms for returning students for the 2017-2018 academic school year. **Please print, complete, and return all forms** along with your check in the amount of \$150 for activity fee **by June 10th**.

The attached registration packet includes the following and **MUST** be returned:

- | | |
|--|---|
| <input type="checkbox"/> Student Information Form | <input type="checkbox"/> Parent/Guardian Information Form |
| <input type="checkbox"/> Waiver/Release of Liability | <input type="checkbox"/> Income Determination Form |
| <input type="checkbox"/> Dual Parent Household Agreement | <input type="checkbox"/> Parent Support Agreement |
| <input type="checkbox"/> Home & School Contract | <input type="checkbox"/> Volunteer Form |
| <input type="checkbox"/> Annual Fund Donation Form | <input type="checkbox"/> Field Trip Release Form |
| <input type="checkbox"/> Activity Fee - \$150 | |

ALSO INCLUDED IN THIS PACKET:

- Activity Fee Guidelines & Information
- Student Handbook
- Parent Council Information

Bookmark www.SyringaMountainSchool.org for current events and information!

Looking forward,

Christine Fonner
Director of School



Student Information

Child's Full Name: _____ Birth Date _____
Preferred Nickname: _____ Gender: _____ Grade Level for 2017-18 _____

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

Student Residency (Identifying students who may qualify to receive additional services)

Where does the student stay at night?

- ☐ In a home you own or rent
- ☐ Temporarily with another family in a house, mobile home, or apartment
- ☐ Other (please specify): _____

Does this student have a current Individual Education Plan (IEP) or are they receiving 504 services? _____
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 _____

Has this student ever been suspended or expelled? ☐ Yes ☐ No

If yes, please explain: _____

Military-connected student: Does the student have a parent, step-parent or sibling serving in the active or reserve components of the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard? ☐ Yes ☐ No

Health Information:

Has your child ever been diagnosed with serious illness, health problems, asthma, handicap, vision or hearing considerations that the school should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

Does your child have any allergies we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____



Student Name: _____

Grade 2017-18: _____

Parent/Guardian Information Form

Household A

Primary Contact (A1) _____

☐ Mother ☐ Father ☐ Legal ☐ Guardian ☐ Other

Primary Phone _____

Secondary Phone _____

Email _____

Household B ☐ **No 2nd Household**

Primary Contact (B1) _____

☐ Mother ☐ Father ☐ Legal ☐ Guardian ☐ Other

Primary Phone _____

Secondary Phone _____

Email _____

Secondary Contact (A2) _____

☐ Mother ☐ Father ☐ Legal ☐ Guardian ☐ Other

Primary Phone _____

Secondary Phone _____

Email _____

Secondary Contact (B2) _____

☐ Mother ☐ Father ☐ Legal ☐ Guardian ☐ Other

Primary Phone _____

Secondary Phone _____

Email _____

Residence Address Household A

Street _____

City _____ Zip _____

Mailing Address

Street _____

City _____ Zip _____

Residence Address Household B

Street _____

City _____ Zip _____

Mailing Address

Street _____

City _____ Zip _____

After reading the student handbook attached to this packet, please initial the following:

- Your Contact Information will be used for the following purposes - school, teacher and parent communications, 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 _____
- I have read and understand Syringa Mountain School's dress code: _____
- **I have read and accept the Parent Support Agreement:** _____

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: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Student Name: _____

Grade 2017-18 _____

Immunization Record Request

IMMUNIZATION REQUIREMENTS: According to [IDAPA 16.02.15](#), to enter or transfer into public or private schools, all children in preschool and grades K-12 must meet immunization requirements outlined below at registration and before attendance. No child shall attend school without proof of immunization status.

Please provide a copy of your child's immunization records.

For more information on immunization requirements for Idaho State:

<http://healthandwelfare.idaho.gov/Portals/0/Health/Immunizations/IIP/201617GuideSchoolImmunizationRequirements.pdf>



Student Name:_____

Grade 2017-18_____

Student Injuries/Medical Costs

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:_____



Student Name: _____

Grade 2017-18 _____

Exceptional Child Services Form

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:

- ☐ GATE (Gifted and Talented Education Services):
 - ☐ Currently qualified to receive GATE Services at _____ (School).
 - ☐ Received GATE Services in the past but 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 Accommodations:
 - ☐ 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 Therapy
- ☐ OT/PT
- ☐ Special Education
- ☐ Received special education services on an IEP in the past but it is no longer necessary and service was terminated on _____ (Date) at _____ (School).

English Language Development Services (ELD):

- ☐ Was referred for placement in ELL Services but did qualify on _____ (Date) at _____ (School)
- ☐ Was referred and qualified for ELL Services but placement was declined by parents.
- ☐ Currently receiving ELL Services on an ELL Plan.
- ☐ Received ELL Services on an ELL Plan in the past but it no longer is necessary and service was terminated on _____ (Date).
- ☐ None of the above are applicable

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Student Name:_____

Grade 2017-18_____

Authorization for Release of Information

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



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 Eligibility Guidelines/Determination Form

Family Name: _____

Public School District in which the family resides: _____

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

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Name of Public School Attendance Area</u>
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A. Locate your household size and the maximum allowable 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 check here:

☐ Yes, my monthly or yearly income is equal to or less than the amount on this chart.

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
*7 (no change)	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
9	83,343	6,946	3,473	3,206	1,603
10	91,039	7,588	3,794	3,502	1,751
11	98,735	8,230	4,115	3,798	1,899
12	106,431	8,872	4,436	4,094	2,047
For each additional family member add:	7,696	642	321	296	148

B. Does your family qualify for food stamps? ☐ Yes ☐ No

C. Are you receiving Temporary Assistance to Families in Idaho (TAFI)? (Formerly Aid to Families with Dependent Children or Public Assistance)? ☐ Yes ☐ No

Please sign, date, and return this form to: Syringa Mountain School

Parent or Guardian Signature

Date



Student Name:_____

Grade 2017-18_____

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.

Students Last Name:_____ First Name:_____ Middle Name:_____

Grade:_____ DOB:_____

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:_____



Student Name: _____

Grade 2017-18 _____

Dual Parent Household Agreement

This form to be filled out by parents living in two households

Date: _____

To: Syringa Mountain School
4021 Glenbrook Dr. Hailey, ID 83333
Fax: 208-788-2464 - Phone: 208-806-2880

Regarding the following child or children: _____

(Names of Children)

There is frequent communication among the parents, step-parents and guardians regarding the health, education and general welfare of their children. This is to advise you that it is agreed between _____ (Legal [biological/adoptive] Mother) and _____ (Legal [biological/adoptive] Father), that all record-keeping, verbal information, and written correspondence regarding the named children is to be equally available to their parents and stepparents.

(Mother's Signature)

(Father's Signature)

(Mother's Name)

(Father's Name)

(Mother's Mailing Address)

(Father's Mailing Address)

(Mother's Work Phone)

(Father's Work Phone)

(Mother's Home/Mobile Phone)

(Father's Home/Mobile Phone)

It is helpful to attach a photocopy of the page in your divorce agreement that specifies legal arrangements for each parent.



Student Name: _____

Grade 2017-18 _____

2016-17 Parent Support Agreement

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 Public Waldorf Charter community committed to social renewal. The public charter school guided by the Core Principles of Public Waldorf education 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.**
- ✓ **Attend two parent/teacher conferences, and additional meetings as needed.**
- ✓ **Attend three 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.
- ✓ **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.
- ✓ **Make sure homework is completed,** if homework is assigned.
- ✓ **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 - VOLUNTEER!

- ✓ We ask that you **contribute your unique talents!**
- ✓ Festivals, class parent leaders, fundraising events, committees, and field trips are all options!
- ✓ We recommend 40 hours of volunteerism per family, per year.
- ✓ We are successful because we all support this beautiful community.
- ✓ There are many ways to contribute both in and outside the classroom!



3. Financial Contributions - Annual Close the Gap Fund

- ✓ 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 State and Federal entities. Other Blaine County Public schools for example, receive this, but also receive approximately \$14,000 in additional local funding 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. We seek 100% participation from our families at whatever financial level you are able to contribute. SMS needs to raise approximately \$4,000 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, world languages, and integrated arts such as painting, drawing, drama, and music including voice, flute, violin, and cello.

Signature: _____

Date: _____

Signature: _____

Date: _____



Student Name:_____

Grade 2017-18_____

Home and School Contract

Parent/Guardian Name:_____

Parent/Guardian Name:_____

Dear Parent/Guardian,

Please discuss the following Home and School Contract with your child and sign below:

Student: It is important that I do my best. I know my parents and teachers want to help me, but I am the one who has to do the work. So, I will:

- Believe that I can and will learn.
- Be responsible for my behavior.
- Give work and school papers to my parent/caregiver.
- Pay attention and ask for help when needed.
- Complete class work on time and to the best of my ability.

Parent/Caregiver: I want my child to succeed. I will encourage him/her by doing the following:

- Encourage positive attitudes about school.
- Support the school discipline policy and school policies
- Make sure my child attends school regularly.
- Encourage my child to get enough sleep and to eat nutritious meals.
- Establish with my child a place and time to study and a daily reading time.

Classroom Teacher: I understand the importance of the school experience to every student and my position as a teacher and a role model. I agree to:

- Be aware of your child's needs.
- Communicate with you about your child's progress frequently.
- Teach basic concepts and skills to your child to meet state student achievement standards.
- Motivate and encourage your child to practice academics at home.
- Hold parent/teacher conferences annually.
- Deliver high quality curriculum and instruction.
- Provide materials for home to enhance literacy and other academic subjects.

Comment/goal:_____

School Principal/ Administrator: I support and encourage student/parent/teacher compacts and partnerships. I will:

- Provide an environment that permits positive communication between the student, parent and teacher.
- Encourage teachers and parents to provide regular opportunities for practicing academics at school and at home.
- Provide equal and fair opportunities to access staff and the opportunity to volunteer.

I have read, discussed and agreed to the above expectations with my child.

Parent/Guardian Signature:_____

Student Signature_____



Student Name: _____

Grade 2017-18 _____

Volunteer Availability Form

Full Name: _____ Date: _____ Student's Teacher: _____

E-Mail: _____ Telephone: _____

☐ Volunteer Waiver Completed ☐ Fingerprints completed (if applicable)

IN CLASSROOM:

☐ Monday Avail. Time(s): ☐ Tuesday Avail. Time(s): ☐ Wednesday Avail. Time(s): ☐ Thursday Avail. Time(s): ☐ Friday Avail. Time(s):

☐ Prefer my child's class only ☐ Any classroom is fine ☐ Only these grades _____

Example of Activities: Assist teacher, classroom projects, organizing/filing, Teacher directed

SUPERVISION/COVERAGE:

☐ Monday Avail. Time(s): ☐ Tuesday Avail. Time(s): ☐ Wednesday Avail. Time(s): ☐ Thursday Avail. Time(s): ☐ Friday Avail. Time(s):

Example of Activities: Crossing Guard, Lunch duty, Recess duty, Teacher preps, Administration directed

ADMINISTRATIVE/OFFICE:

☐ Monday Avail. Time(s): ☐ Tuesday Avail. Time(s): ☐ Wednesday Avail. Time(s): ☐ Thursday Avail. Time(s): ☐ Friday Avail. Time(s):

Example of Activities: Copying, Teacher materials preparation, Reception, Telephones, Administration directed

IN THE GARDEN:

☐ Monday Avail. Time(s): ☐ Tuesday Avail. Time(s): ☐ Wednesday Avail. Time(s): ☐ Thursday Avail. Time(s): ☐ Friday Avail. Time(s):

Example of Activities: Chicken care, garden maintenance, class time support, repairs, projects

TAKE HOME:

☐ Yes! I can take work home and bring it back!

Types of Activities: Organizing projects/papers, Cutting, Teacher directed

PLEASE SEE NEXT PAGE FOR FESTIVALS & EVENTS



Student Name:_____

Grade 2017-18_____

Cont... Volunteer Availability Form

FESTIVALS & EVENTS:

Fundraising Parties (Parent Council):

- ☐ Fall Gala (Date:_____)
- ☐ 80's Party (Date:_____)
- ☐ Idaho Gives Hoe Down (Date:_____)

Festivals & Celebrations (Preparation and/or day of):

- ☐ Back to School Potluck
- ☐ Lantern Walk (K-3)
- ☐ Winter Spiral Walk (K-3)
- ☐ Winter Musical Showcase
- ☐ Ski Days
- ☐ May Fair
- ☐ Spring Musical Showcase

For questions or additional information, contact us at info@syringamountainschool.org

Thank you!



Student Name: _____

Grade 2017-18 _____

Annual School Fee Policy

Additional Fees for School Activities

Syringa Mountain School is a unique community guided by the Core Principles of Public Waldorf Education. We have additional activities and events that are outside of the core curriculum that enhance the student involvement and opportunity for learning. Students are encouraged to participate in all festivals, events, and special activities that may fall outside of our general education outline. We ask families to provide \$150.00 to cover these extra-curricular activities annually.

Extra-Curricular Activities Associated with the Fee:

- Annual Mountain Rides Bus Pass for each student
- Additional or Grade Level Festivals
- Special Garden and Handwork projects
- Additional Field Trips Outside of the Scheduled Calendar

Syringa Mountain School offers a scholarship option for families concerned about the payment of fee. Please contact our office for more information.

Checks are payable to Syringa Mountain School or pay online at www.syringamountainschool.org



Student Name: _____

Grade 2017-18 _____

Annual Fund Donation Optional Monthly Donation Form

As a school offering such unique and diverse instruction, **we need to fundraise \$3,000 per student** to meet our budget needs annually. Receiving no local funding, we apply for grants, participate in Idaho Gives, hold fundraising events throughout the year, and ask for your help with our annual fund drive. Setting up a monthly contribution or a one-time charge is one of the easiest ways to help ensure the quality program we provide thrives.

We thank you for any amount you are able to contribute to help fund the unique educational opportunities we offer your child at SMS!

Printed Name: _____

Date _____

Signature: _____

Yes, I wish to contribute to Syringa Mountain School for the Annual Fund. Please charge my credit card or bank account below according to the following terms:

☐ I would like to contribute **monthly**.

Start month of donations: _____

End month of donations: AUGUST, 2018*

Monthly amount: _____ (will be charged 1st week of each month)

**According to law, your annual contribution agreement must be renewed yearly.*

☐ I would like to contribute a **one-time amount**.

One-time amount: _____

(Minimum amount of \$30 per month via credit card due to processing fees)

Credit Card (circle one): Visa MasterCard Discover American Express

Credit card number: _____

Expiration Date: _____ CCV: _____

Name on Card: _____

Bank Account:

Bank Name: _____ Account Type: _____

Name on Account: _____

Routing Number: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for monthly recurrence only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Student Name: _____

Grade 2017-18 _____

Field Trip Release Form

Many times throughout the year, teachers plan walking field trips off campus to hike, explore, and build. We will always ask individual permission for students to be taken off campus in vehicles, but ask for your release and agreement signature for teachers to be able to explore daily, as needed, with the students.

I/we _____ give permission for my child _____ to leave the Syringa Mountain School Campus with supervision of the teacher, by foot, to enhance their curricular experience and learn from the outside world with teacher guidance.

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 or on a school field trip, while my child is participating in any of the School programs.

I/we agree to assume all risks of activities sponsored by 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.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____