

**Application for Academic Year 2011-2012**

*Enrollment is open to children ages 6-18. All lessons are conducted in Swedish. Each child should have familiarity with the Swedish language and contact with an adult (parent, guardian, or other) who is fluent in the Swedish language. The adult must assist in the classroom on a rotating basis.*

*The school is a parent co-op. run by a board of volunteers. Parent participation is essential. Therefore, by enrolling your child you also agree to attend the parent meeting on October 24, 2011.*

*To enroll, please submit a registration fee of \$50 (non-refundable) along with one application form per student, payable to “Svenska Skolan i Silicon Valley”. The application must be received by June 1, 2011 to guarantee space for your child. The rest of the tuition (\$200 or \$300\*) is due on or before August 1, 2011.*

<b>Student Name:</b>	<b>Date of birth (mm/dd/yy):</b>		
<b>Gender:</b>			
<b>Name of American School:</b>			
<b>Grade in American School:</b>			
<b>Address:</b>			
Street	City	State	Zip
<b>Home Telephone:</b>			
<b>Mother's Name:*</b>			
<b>Email address:</b>	<b>Swedish Citizen: Y / N</b>		
<b>Languages</b> (native, fluent, proficient or basic):			
<b>Father's Name: *</b>			
<b>Email address:</b>	<b>Swedish Citizen: Y / N</b>		
<b>Languages</b> (native, fluent, proficient or basic):			
*(An "other adult" who is not a parent or legal guardian may also sign the application, if the "other adult" is an adult who: 1) has regular contact with the child, 2) is fluent in Swedish, and 3) will be the adult who participates in the classroom.) At least one parent or legal guardian of the child must sign the application.			
Number of children in family:	Ages:		
Have you ever had other children in The Swedish School? If so, their name(s):			
Was this child previously enrolled in other Swedish schools? If so, which one(s)?			
How did you hear about the school?			

Has child ever lived in Sweden?	Y / N	If yes, for how long?
How do you evaluate your child's proficiency in Swedish? Please comment on reading, speaking, listening, and writing skills.		
What do you hope your child will gain from enrollment?		
Any special circumstances we should know about your child?		
<b>First day of School will be Friday, September 9, 2011 at 3:30pm-5:30pm.</b>		
<b>Last day will be June 8, 2012.</b>		
<b>Total days of school: 37 (Dates may change due to unforeseen circumstances.)</b>		

The Swedish School in Silicon Valley admits students of any race, color, national origin, ethnic origin, ethnic group identification, ancestry, sex, sexual orientation, gender, religion, or mental or physical disability to all the rights, privileges, programs and activities generally accorded or made available to its students. The School shall not discriminate on the basis of race, color, national origin, ethnic origin, ethnic group identification, ancestry, sex, sexual orientation, gender, religion, or mental or physical disability in: administration of its educational policies, admissions policies, use of facilities or exercise of student privileges, employment of faculty staff, scholarship programs, and other school-administered programs.

The Swedish School in Silicon Valley is a California Non-Profit Corp. and functions as a parent co-op. We rely on participation from the parents of our students. Please indicate below what area or areas you would like to participate in. In order to run a great organization we count on everyone's input.

**Volunteering**

I would like to help to further develop the Swedish School in Silicon Valley by participating in the following volunteer work groups:

- 1 School Library and Literature Purchase
- 2 PR , Communication and Fundraising
- 3 Board Member
- 4 Party Committee
- 5 Photography
- 6 Web Development and Administration
- 7 Art and Crafts
- 8 Educational Development
- 9 Music
- 10 Other \_\_\_\_\_

Is there anything you would like us to know about you that would help us provide the best possible education? Please let us know of any improvements, or development ideas you might have for the supplemental education in the Swedish School in Silicon Valley.

**Tuition**

Per School Year:

For First Child eligible for grant* from Swedish School Ministry	\$250.00
For Second Child eligible for grant* from Swedish School Ministry	\$230.00
For Third Child eligible for grant* from Swedish School Ministry	\$210.00

\*(at least one parent living in the home is Swedish Citizen)

All other students \$350.00

Registration fee due June 1, 2011 \$50.00

(This is a partial payment of total tuition to guarantee space.)

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**TOTAL SUBMITTED** (June 1, 2011)

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**TOTAL SUBMITTED** (August 1, 2011)

Checks should be payable to "Svenska Skolan i Silicon Valley". Please mail application and payment to:  
**Svenska Skolan i Silicon Valley 15559 Union Ave. PMB 137 Los Gatos, CA 95032-3904**

**Application along with full tuition payment must be received by August 1, 2011.**

If you wish to enroll your child after the start of the school year, please contact us via email at [swed\\_school@yahoo.com](mailto:swed_school@yahoo.com).

Parent/Guardian understands that they will have to participate and assist the teacher in the class room a minimum of 2 times per school year. Sign-up sheets will be available in the class rooms.

Signature of mother (or guardian or adult)**	Date
Signature of father (or guardian or adult)**	Date

\*\* At least one adult must be the child's parent or legal guardian.

<b>For The Swedish School in Silicon Valley use</b> Comments:	Date received
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Parent’s Agreement Information

Please complete the form to enroll in class. (One form per student, please.)

Student cannot attend class until this form is completed and signed.

1. We, \_\_\_\_\_ and \_\_\_\_\_ agree to the following terms and conditions regarding the enrollment of our child,

\_\_\_\_\_, in the complementary Swedish educational program of the Swedish School in Silicon Valley. [The term “we” as used below includes both parents or guardians whose signatures appear below.]

2. We give permission for our child to participate in all activities of the Swedish School in Silicon Valley. We understand that there are risks involved in these activities (such as, but not limited to, injuries due to falling indoors or outdoors, choking on a snack or toy), and we release and hold harmless the Swedish School In Silicon Valley (the "School"), and its directors, officers, and employees (“School Personnel”) from any claims for bodily injury or death or damage to personal property due to such risks, except to the extent caused by the School or School Personnel’s grossly negligent acts or omissions.

3. In addition, we agree to indemnify, defend, and hold harmless, the School and School Personnel, from any claims for bodily injury or death or damage to personal property due to our negligent acts or omissions.

4. We hereby grant permission to any licensed physician, hospital or medical treatment required should our child become ill or injured and a parent or guardian is not available to grant authorization for such treatment. We understand that the expense for such treatment is our full responsibility.

5. We confirm the following about each one of us (each parent or guardian):

- a) I have not been convicted of any felony.
- b) I have not been convicted of any sexual crime.
- c) I have not been convicted of any drug-related crime.
- d) I have not been convicted of any violent crime.
- e) I have not been suspended or dismissed from any employment or volunteer position as a result of alleged, suspected or actual acts of physical or sexual abuse.
- f) I have at least the California minimum automobile insurance for any automobile that I will use for any driving on behalf of the School.
- g) I have read and understood the School Policies.
- h) I am aware that tuition is subject to change during the year.

\_\_\_\_\_  
Signature (Mother / Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Father / Guardian)

\_\_\_\_\_  
Date

**Emergency and Medical Information**

Please complete the form to enroll in class. (One form per student, please.)

*Student cannot attend class until this form is completed and signed.*

**Family Information**

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Child's name Birth date MM/DD/YY

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Address, City, State, Zip Home Phone Email Address

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Mother's/Guardian's name Work Phone Mobile Phone

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Father's/Guardian's name Work Phone Mobile Phone

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Siblings' Names

**Emergency Contacts (Other than parents)**

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Name Relationship Phone

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Name Relationship Phone

**Medical Information**

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Pediatrician's Name Phone

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Dentist's Name Phone

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Specialist Physician's Name Specialty Phone

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Insurance Carrier Patient ID# Phone

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Any known health concerns (e.g. asthma, food and other allergies, past history of illnesses)

