

**Application for Academic Year 2019-2020**

*Enrollment is open to children ages 3-18. 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 interacts with the child in Swedish on a daily basis.*

*The school year starts September 6, 2019. School hours for all ages are Fridays 3:45 pm-5:45 pm.*

*The Swedish School is a parent co-op, run by a board of volunteers, and parent participation is essential. Therefore, by enrolling your child, you, or another Swedish speaking adult, agree to assist in the classroom at least once per semester, and you also agree to attend the parent meeting in the fall, usually in September/October (one parent per family is required to attend this meeting).*

*To enroll, please pay the full tuition (of which \$50 is non-refundable) on the school's website [www.swedschool.org](http://www.swedschool.org), providing the name and year of birth of the student. You also need to fill out and sign one application form (this document) per student. You can either mail the application form printed single-sided to Svenska Skolan i Silicon Valley, PO Box 53467, San Jose, CA 95153; or fill it out digitally and email it to us (see website for instructions).*

*Please apply by August 1, 2019, to facilitate our planning and for the best chance to secure a space for your child. If later application is necessary or if you wish to enroll your children during the school year, please email us for space availability before submitting application. **Classes typically fill up quickly and it is strongly recommended to apply soon. Space will be assigned to children by order of receipt of tuition payments.***

<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>Home 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 (native, fluent, proficient or basic):</b>		
<b>Father's Name: *</b>		
<b>Email address:</b>	<b>Swedish Citizen: Y / N</b>	
<b>Languages (native, fluent, proficient or basic):</b>		
<p>*(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.</p>		
Is this a returning student previously enrolled in 2018-19 school year?	Y / N	
If Yes, please proceed to Tuition and Agreement sections (pages 4-5).		

<b>Background information New Students</b>		
Number of children in family:	Ages:	
Have you ever had other children in the Swedish School in Silicon Valley? 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?		
Application is for (Choose one): __ School (Children 6-18) or __ Preschool (Children 3-6)		

*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. Thus, in order to run a great organization we count on everyone's support.*

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.

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"), its directors, officers, members and employees ("School Personnel"), The school’s landlord 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 and hold harmless the School, and the School Personnel, from any claims and expenses, including attorney’s fees, and liabilities for bodily injury or death or damage to personal property which they may incur as a result of my child’s participation in School activities and is a result of 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 while attending class at the School 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. Before attending school an emergency information card needs to be filled out for each child.

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.

6. I agree to allow photographs of my child to be used by the School for legitimate purposes in newspaper articles, promotional materials, such as brochures or the school’s public website, and school’s private Facebook page.

7. I, the undersigned, understand that each student must be insured for accidental damage caused by the child under a home insurance policy. Please check with your carrier to make sure your home insurance policy covers activities away from home.

Signature (Guardian)

Date

Signature (Guardian)

Date

**Tuition**

Per School Year:

For Child eligible for grant\* from Swedish School Ministry \$280.00

\*(at least one parent living in the home is Swedish Citizen and child is 6 years or older during 2019)

All other students for school and preschool students \$450.00

=====

**TOTAL SUBMITTED**

Please pay online at [www.swedschool.org](http://www.swedschool.org). Any checks should be payable to "Svenska Skolan i Silicon Valley" and sent to Svenska Skolan i Silicon Valley, P.O. Box 53467, San Jose, CA 95153.

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 and are expected to support school volunteering work. Sign-up sheets will be available via email and/or on our website.

**For The Swedish School in Silicon Valley Office use**

Comments:	Date Received