



ʔaluspuʔús
Hearts Gathered

skʷant sənmaʔmáyaʔtən
Waterfall School

1B Smitkin Drive, P.O. Box 767, Omak, WA 98841
www.heartsgathered.org

Phone: 509-422-5653
info@heartsgathered.org

New Student Application

To apply to enroll your student, please return this application to Hearts Gathered, P.O. 767, Omak, WA 98841, or to info@heartsgathered.org. We may contact you to schedule an entrance interview. If you have any questions, you may call the school at (509) 429-9075 or (509) 422-5653.

Student Information

Name _____
First Middle Last

Date of Birth _____ Age _____ Gender _____

Grade Level _____ Last Completed Grade _____

Tribal Affiliation (if any) _____

Parent Information

Name _____

Relationship to Student _____

Tribal Affiliation (if any) _____

Physical Address _____

Mailing Address (if diff.) _____

Day Phone _____ Evening Phone _____

Other Phone _____ Email _____

Parent II Information

Name _____

Relationship to Student _____

Tribal Affiliation (if any) _____

Physical Address _____

Mailing Address (if diff.) _____

Day Phone _____ Evening Phone _____

Other Phone _____ Email _____

Previous School Information

Name _____

Address _____

How long _____

Phone _____ Fax _____

Our Mission

Our mission is to revitalize the Native languages of the Colville Reservation by operating language immersion schools. Waterfall School is one of those schools and is an Okanogan language immersion Montessori that currently serves children ages 3-12. We add a higher age level each year; eventually we plan to offer education through high school graduation. The goal is to produce new fluent Native speakers through their education. Tell us about your commitment as a parent to this mission and to the fluency of your child.

Personal Comments

Please make personal comments about your child (e.g., weaknesses, strengths, and anything you feel would be helpful in the education and assessment of your child).

Tuition

While we do not charge monetary tuition at this time, we do require an in-kind contribution that can help us raise funds. This contribution can include items that are relevant to our culture (we encourage hand-made things), which Hearts Gathered will later use for fundraising or for other beneficial use at the school. Examples of hand-made cultural items might include: drum, bow, digging stick, basket, wing dress, ribbon shirt, tipi, beadwork, quilt, painting, or other hand-worked items. Please describe your thoughts and ideas on this tuition requirement.

Volunteer Work & Language Classes

Because we are a nonprofit organization and are always working to improve and sustain our program, we ask that parents be involved and donate your time to the school in whatever ways you can. We also strongly urge you to participate in language classes to increase your fluency. Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Human resources | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Administration or management | <input type="checkbox"/> Legal counsel |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Education, teaching |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Program evaluation | <input type="checkbox"/> Building maintenance and repair |
| <input type="checkbox"/> Language | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Language Revitalization

Please describe your feelings about revitalizing our Native languages and your hopes for your child learning the language.

Please tell us anything else you'd like to share.

When would you like your child to start at the Waterfall School _____

Name of person completing this application _____

Relationship to applicant student _____

Date _____

Signature _____