



Nkwusm
Nkwusm x'w' qe Nuwéwłstn

P.O. Box 5 • 72040 Bitterroot Jim Rd
Arlee, Flathead Nation 59821
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Online: www.salishschool.org

Application for Student Enrollment

School Year 2023-2024

(INSTRUCTIONS: Please complete all portions of this application. If you require accommodation during the application process, including assistance in the completion of this application, please let us know. 2nd-8th grade will need to submit additional reference letters. Such as Family, Teacher, Mentor, or Counselor.) **Last day to enroll is October 31, 2020**

Personal			
Last Name Middle		First	Nick Name
		Salish Name	
Age:		Birth Date:	
		Sex:	
Address Zip		City,	Phone Numbers: Home: _____ Cell: _____
Mother's Name		Phone Numbers: (if different) Home: _____ Cell: _____	
Address (if different than child)		City, Zip	Employment type: Part Time Permanent Temporary Seasonal
Place of Employment		Work #: _____	
Father's Name		Phone Numbers: (if different) Home: _____ Cell: _____	
Address (if different than child)		City, Zip	
Place of Employment		Work #: _____	
Will child ride bus	Bus pick up location	Is Salish spoken in the home? Yes No	Do any family members speak Salish? Yes No
If yes, please list family members.			
Please list any previous Salish language experience.			Have you visited the school? Yes No
Do you know any fluent Salish speakers who might want to work or volunteer at the school in the coming year? If yes, please list below.			
On a separate paper submit letter of interest, tell us why you want your child to learn Salish; how you plan to support his/her learning; and tell about your commitment in keeping your child enrolled in our school (How will you show your commitment? How long do you intend to keep your child enrolled?).			
Acceptance into our school is based on the commitment level of the family in supporting their child's learning of Salish. Commitment level is determined through your answer to the above questions and through an interview with the family.			

Health and Emergency

PERSONS OTHER THAN PARENTS WHO MAY BE CONTACTED IN CASE OF AN EMERGENCY:

<i>Name</i>		<i>Address</i>	
<i>Relationship to child:</i>		<i>Phone Numbers:</i>	
<i>Name</i>		<i>Address</i>	
<i>Relationship to child:</i>		<i>Phone Numbers:</i>	
<i>Please list any Medications:</i>			
<i>Does your child have any Allergies:</i>			
Child's Special Needs			
<i>Does your child have IEP/504 plan:</i>			
<i>Physical</i>	<i>Describe:</i>		
<i>Emotional</i>	<i>Describe</i>		
<i>Social</i>	<i>Describe</i>		
<i>Speech/Language</i>	<i>Describe</i>		
<i>Does your child have all immunizations complete? Submit copy of Immunizations</i>		Yes	No
<i>Does your child take a nap?</i>		Yes	No
		<i>If yes, how long?</i>	

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