



Snoqualmie Tribe
 Education Department
 PO Box 969 Snoqualmie, WA 98065
 education@snoqualmietribe.us
 ph: (425) 888-6551 x 1119
 fax: (206) 600-6487

HOMESCHOOL CURRICULUM ASSISTANCE APPLICATION

APPLICANT INFORMATION:

ACADEMIC TERM APPLYING FOR: FALL 20____ WINTER 20____ SPRING 20____ SUMMER 20____

STUDENT'S NAME: _____ DOB: __/__/____ GRADE: _____

PARENT'S NAME: _____ TRIBAL ENROLMENT ID#: _____

STUDENT'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PREFERABLE METHOD OF CONTACT:

HOME PHONE: _____ CELL PHONE: _____ PHONE TEXT

EMAIL ADDRESS: _____ STANDARD MAIL EMAIL

PROGRAM GUIDELINES:

ELIGIBILITY: In order to be deemed eligible to receive benefits, the applicant must either be an enrolled Snoqualmie Tribal member, or be the direct biological child of an enrolled Snoqualmie Tribal member on either the 2004 base roll, the 2010 or the 2012 voters lists, and fall between the ages of 5 and 18 years old.

AWARD AMOUNT: Eligible students may receive a maximum benefit of up to \$1,500.00 per academic year (July 1—June 30), to assist with the cost of the homeschool curriculum only. Items **not** covered in this application include, but **not** limited to; travel, lodging, meals, computers, club and sport fees, and all other fines and penalties.

*To receive this benefit, students **8 years and older** must provide the annual declaration of intent to homeschool.*

DECLARATION OF INTENT TO HOMESCHOOL PROVIDED: YES NO

HOMESCHOOL PROVIDER: _____ POINT OF CONTACT: _____

WEBSITE: _____ PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

PAYMENT / REIMBURSEMENT: In order for the Education Department to issue payment or reimbursement, please provide proof of expense through receipts, invoice, or official letter of payment, along with a completed W9 form for whomever will receive the payment or reimbursement. Once all required forms and receipts are turned in, please allow up to 30 days for payments to process.

COMPLETED W9 PROVIDED: YES NO PROOF OF EXPENSES PROVIDED: YES NO

AMOUNT REQUESTED: \$ _____ WHO WILL RECEIVE PAYMENT/REIMBURSEMENT: APPLICANT SCHOOL VENDOR

SCHOOL/VENDOR: _____ POINT OF CONTACT: _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

INCLUDED FORMS:

- FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT FORM) HOMESCHOOL FUNDING ACCEPTANCE AGREEMENT
 WA STATE HOMESCHOOLING ACKNOWLEDGEMENT AND AGREEMENT FORM PROOF OF EXPENSE(S) COMPLETED W9
 DECLARATION OF INTENT TO HOMESCHOOL (FOR STUDENTS 8 AND OLDER)

I understand the above information to be correct to the best of my knowledge, and will continue to uphold the commitments and agreement set forth by the Snoqualmie Tribe Education Department's Annual Funding Acceptance Agreement and the Washington State Homeschool Guidelines Agreement.

 (Student Signature)

 Date

 (Parent / Guardian Signature)

 Date



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HOMESCHOOL FUNDING ACCEPTANCE AGREEMENT

APPLICANT INFORMATION:

STUDENT'S NAME: _____

PARENT'S NAME: _____

ACADEMIC TERM(S) APPLYING FOR:

FALL 20____ WINTER 20____

SPRING 20____ SUMMER 20____

PLEASE INITIAL EACH SECTION AFTER READING

_____ I agree to use this funding solely for homeschool curriculum. Should this funding be used for expenses other than homeschooling I will be required to reimburse the Snoqualmie Tribe.

_____ I agree to make a good faith effort to ensure my child makes satisfactory progress that is equivalent to his/her age or stage of development. If the purchased curriculum is not a good fit for my child I will work with the Snoqualmie Tribe Education Department to find a curriculum that better meets my child's needs.

_____ I understand that if I should stop homeschooling and enroll my child in a public or private school before the semester/term without notifying the Snoqualmie Tribe's Education Department, I will be required to reimburse the Snoqualmie Tribe.

_____ I agree to provide updated contact information; including address, phone, and email address to the Snoqualmie Tribe Education Department whenever they change.

_____ I understand that I am required to disclose any and all financial aid, grant awards, tuition waivers, etc. upon receiving them. I understand that if I fail to fully and completely report the financial aid, scholarships, and other grants I received, I will be required to reimburse awarded funds to the Tribe and I will not be eligible for additional funding until the amount is paid in full.

Any funding received through the Snoqualmie Tribe Education Department shall be deemed a Tribal member benefit received based upon program qualifications and available funding. This program does not create any kind of legal entitlement to funding for education. The Snoqualmie Tribe Education Department reserves the right to reject requests for funding, or to request reimbursements, in accordance with Departmental and Tribal policies and procedures. The Tribe reaffirms that it does not waive its sovereign immunity with respect to any aspect of the Snoqualmie Tribe Education Department activities.

I have read and understood all of the above information to be correct and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

_____ (Student / Parent / Guardian Signature)

_____ Date



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WASHINGTON STATE HOMESCHOOL GUIDELINES AGREEMENT

APPLICANT INFORMATION:

STUDENT'S NAME: _____

PARENT'S NAME: _____

ACADEMIC TERM(S) APPLYING FOR:

FALL 20____ WINTER 20____

SPRING 20____ SUMMER 20____

PLEASE INITIAL EACH SECTION AFTER READING

_____ Per, RCW 28A.200.020, I understand I am subject to the minimum Washington State laws and regulations that are necessary to ensure that a sufficient basic educational opportunity is provided to my child receiving instruction.

_____ The curriculum and instruction I am providing for my student meets the definition of instruction described in RCW 28A.225.0(4).

_____ Per, RCW 28A.150.220, the total instruction hours for my student's curriculum are at least 450 hours if my student is in Kindergarten OR an annual average of 1,000 hours for Grades 1-12.

_____ The person providing instruction to my child meets one of the qualifications defined by RCW 28A.225.010(4) to do so.

_____ Per Chapter 28A.200 RCW I have and will do the following:

- a. File annually a signed declaration of intent that my child will be receiving home-based instruction.
- b. Ensure that test scores or annual academic progress assessment and immunization records together, with any other records that are kept relating to the instructional and educational activities provided, are forwarded to any other public or private school to which my child may transfer.
- c. Ensure that a standardized achievement test approved by the Washington State Board of Education is administered annually to my child by a qualified individual OR that an annual assessment of my student's progress is written by a certified person who is currently working in the field of education. If as a result of the annual test or assessment, it is determined that if my child is not making reasonable progress consistent with his or her age or stage of development, I will make a good faith effort to remedy any deficiency.

_____ Per the Education Department Homeschooling Policy, if my child is between the ages of 8 and 18, I will provide a copy of the annual declaration of intent that my child will be receiving home-based instruction, that is required of me by section a of the Washington State law Chapter 28A.200 RCW.

_____ Per the Education Department Homeschooling Policy, I will provide a copy of the results or other documentation that the child has taken the annual standardized test approved by the Washington State Board of Education, OR the copy of the annual assessment written by a certified person currently working in the field of education, that is required of the me in section c of the Washington State law Chapter 28A.200 RCW.

**Please note, for questions concerning the Washington State laws regulating home-based instruction, feel free to contact the Education Department, or log on to the Office of Superintendent of Public Instruction (OSPI) website at:
<http://www.k12.wa.us/PrivateEd/HomeBasedEd/default.aspx>*

By signing this agreement I hereby acknowledge and agree to meet the above Washington State laws for homeschooling and promise to abide by the requirements set forth by the Snoqualmie Tribe's Education Department.

_____ (Student / Parent / Guardian Signature)

_____ Date



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STUDENT RELEASE OF INFORMATION
FERPA Form
(Family Educational Rights and Privacy Act)

APPLICANT INFORMATION:

STUDENT'S NAME: _____

PARENT'S NAME: _____

ACADEMIC TERM(S) APPLYING FOR:

FALL 20____ WINTER 20____

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The Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, 34 C.F.R. Part 99 is a federal law that protects the privacy of financial and academic student education records. Generally, schools must have written permission from the parent or eligible student (if over 18 years of age) in order to release information from a student's education record.

The applicant understands that the Snoqualmie Indian Tribe's intent of collecting and maintaining this data is for determining eligibility for Tribal educational benefits and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining education assistance under this program.

The administration of this program requires certain information from the applicant. This information may be made available to authorized organizations or individuals in compliance with all applicable laws.

I, _____ hereby authorize

(Student or Parent/Guardian requesting release, print full name)

_____ to release any and all of the following information over the

(Program/School/Homeschool Provider)

period of _____ to the Snoqualmie Indian Tribe Education Department staff member:

(Academic Year)

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/grades, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

I acknowledge that this release is valid until I have completed my current course of studies at

_____ or until I have revoked this release in writing.

(Program/School/Homeschool Provider)

(Student or Parent/Guardian Signature)

(Date)

Please Note: FERPA pertains to the release of records only. It does not give others the right to act on your behalf or change your records.