



OFIS Membership Application Form – 10/11 School Year (July 1st-June 30th)

A. General Information – information from this section will be used to update OFIS website directories – schools must complete entire application package to be listed in directories

CHECK ONE:

- New Member To OFIS Membership Re-newal Membership Re-newal After Absence Membership Termination
(Complete Section A Only)

SCHOOL NAME: _____

ASSOCIATION NAME (IF APPLICABLE): _____

*attach completed application form for each school in association

ASSOCIATION ADDRESS (IF APPLICABLE): _____

*include city & Postal Code

ASSOCIATION TELEPHONE (IF APPLICABLE): _____ FAX: _____

ASSOCIATION EMAIL (IF APPLICABLE): _____ WEB: _____

FULL CAMPUS ADDRESS: _____

*Include City & Postal Code

FULL ADDRESS – 2ND CAMPUS (IF APPLICABLE): _____

*Include City & Postal Code (MULTIPLE CAMPUSES SHOULD BE LISTED SEPARATELY AND ATTACHED)

ADMINISTRATOR: _____ CONTACT (if different): _____

2ND ADMINISTRATOR (IF APPLICABLE): _____

SCHOOL TELEPHONE: _____ FAX: _____

SCHOOL EMAIL: _____ WEB: _____

NUMBER OF YEARS SCHOOL HAS BEEN IN OPERATION: _____

THIS SCHOOL SERVICES STUDENTS IN GRADES _____ THROUGH _____

ENROLLMENT NUMBERS: _____ # OF FULL-TIME STUDENTS _____ # OF HALF-TIME STUDENTS

ENROLLMENT NUMBERS: _____ PRE-SCHOOL STUDENTS _____ GRADES 1-6 _____ GRADES 7-8 _____ GRADES 9-12

THIS SCHOOL IS (check those that apply): FOR-PROFIT NON-PROFIT FEDERALLY REGISTERED CHARITY

THIS SCHOOL IS (check those that apply): CO-ED BOYS ONLY GIRLS ONLY BOARDING OTHER

BRIEFLY DESCRIBE YOUR SCHOOL PROGRAM IN A FEW SENTENCES – (WILL APPEAR IN OFIS WEB DIRECTORIES FOR GOLD & PLATINUM MEMBERS):

B. SCHOOL INFORMATION QUESTIONS – FOR INTERNAL USE ONLY – WILL NOT APPEAR IN OFIS WEB DIRECTORIES:

TUITION COST – 10/11 SCHOOL YEAR - \$ _____

ADDITIONAL SCHOOL COSTS – (TEXTBOOKS, SCHOOL SUPPLIES, ACTIVITY FEES, SCHOOL TRIPS, ETC.) – PLEASE LIST:

THIS SCHOOL HAS (check those that apply):

- application based bursaries family discounts scholarships needs-based grants
- other (please explain)

WHAT IS THE ANNUAL SALARY RANGE FOR FULL-TIME CLASSROOM TEACHERS ANTICIPATED IN 10/11? (please check one)
under \$24,000 \$24,000 to \$30,000 \$30,000 to \$60,000 over \$60,000

DOES THIS SCHOOL PROVIDE A STAFF HEALTH BENEFITS PACKAGE? YES NO

DO THE STUDENTS IN THIS SCHOOL WEAR A UNIFORM? YES NO

DOES THIS SCHOOL MEET THE STANDARDS OF THE ONTARIO CURRICULUM? YES NO

IF YES, HOW IS THIS DEMONSTRATED TO PROSPECTIVE AND CURRENT PARENTS?

LIST QUALIFICATIONS OF THE SCHOOL ADMINISTRATOR/PRINCIPAL (Independent School Principal Course, Ontario Public School Principal Certificate, Principal Training From Another Province/Country Or School Association):

NUMBER OF STAFF AT SCHOOL (please include all classroom staff, education specialists, office and administrative staff): _____

LIST QUALIFICATIONS OF TEACHERS (Ontario Teaching Certificate, Teacher Certification From Another Province/Country, Teacher Training in Alternative Education Philosophy, Education Specialist (But Not Certified), Other):

LIST THE NUMBER OF STAFF WHO HAVE BEEN AT THE SCHOOL FOR THE NUMBER OF YEARS INDICATED:

_____ 1 YEAR _____ 2 TO 5 YEARS _____ 5 TO 10 YEARS _____ 10 YEARS OR MORE

C. MEMBERSHIP QUESTIONS (DETERMINES MEMBERSHIP CATEGORY & FEES TO BE ASSESSED – SUBJECT TO ANNUAL CHANGES BASED ON SCHOOL’S COMMITMENT TO MEMBERSHIP LEVEL STANDARDS):

1. HAS THIS SCHOOL COMPLETED AND FILED THE ONTARIO MINISTRY OF EDUCATION “NOTICE OF INTENTION TO OPERATE A PRIVATE SCHOOL” OR POSSESS A LICENSE FROM MINISTRY OF COMMUNITY AND SOCIAL SERVICES FOR THE 10/11 SCHOOL YEAR?

*CHECK ONE – (INCLUDE A COPY WITH THIS APPLICATION)

YES NO NOI WILL BE SENT BY SEPT. 1ST

2. DOES THIS SCHOOL ANNUALLY PURCHASE GENERAL LIABILITY INSURANCES?

*CHECK ONE – (INCLUDE COPY OF MOST RECENT INSURANCE CERTIFICATE WITH THIS APPLICATION)

YES NO

3. DOES THIS SCHOOL ADMINISTER EXTERNAL STANDARDIZED TESTS (OR DEMONSTRATE SOME OTHER MEASURE OF STUDENT PROGRESS) AND PUBLISH THOSE TEST RESULTS UPON REQUEST?

*CHECK ONE -

YES NO

PLEASE GIVE DETAILS OF TESTS ADMINISTERED OR MEASURES OF STUDENT PROGRESS RECORDED:

4. HAS ONE OR MORE OF THE SCHOOL’S **CURRENT** ADMINISTRATIVE STAFF TAKEN THE *OFIS INDEPENDENT SCHOOL PRINCIPALS’ COURSE* (OR OFIS APPROVED EQUIVALENT OR ASSOCIATION EQUIVALENT)? *More information on www.ofis.ca

*CHECK ONE – (INCLUDE COPY FOR PROOF OF COURSE COMPLETION)

YES NO

NAME(S) OF

PARTICIPANT(S): _____

NAME OF COURSE TAKEN (IF NON-OFIS): _____

***NON-OFIS COURSES MUST BE APPROVED TO SATISFY THIS MEMBERSHIP CRITERIA**

5. HAS THE SCHOOL PARTICIPATED IN THE *OFIS SCHOOL MANAGEMENT REVIEW* PERFORMED EVERY 5 YEARS (OR OFIS APPROVED EQUIVALENT OR ASSOCIATION EQUIVALENT IF APPLICABLE) * More information on www.ofis.ca

*CHECK ONE -

YES – during the _____ school year NO

D. MEMBERSHIP LEVEL CALCULATOR (MEMBERSHIP LEVELS ARE REVIEWED ANNUALLY):

(DETERMINE THE SCHOOL’S MEMBERSHIP LEVEL FOR THE 10/11 SCHOOL YEAR – ONCE MEMBERSHIP LEVEL IS DETERMINED, SCHOOLS WILL USE THE **OFIS MEMBERSHIP FEE MATRIX** TO DETERMINE PER STUDENT FEE

*CHECK ONE

THIS SCHOOL ANSWERED “YES” TO QUESTIONS 1-5 ABOVE – PLATINUM LEVEL SCHOOL

THIS SCHOOL ANSWERED “YES” TO QUESTIONS 1-4 ABOVE – GOLD LEVEL SCHOOL

THIS SCHOOL ANSWERED “YES” TO QUESTIONS 1-3 ABOVE – SILVER LEVEL SCHOOL

THIS SCHOOL ANSWERED “YES” TO QUESTIONS 1-2 ABOVE – BRONZE LEVEL SCHOOL

THIS SCHOOL IS PART OF AN ASSOCIATION – ASSOCIATION LEVEL (if applicable)

THIS SCHOOL IS IN DEVELOPMENT AND WILL OPEN IN _____ (DATE) - \$250 FLAT FEE – DEVELOPMENT LEVEL

BASED ON STATEMENT CHECKED - THIS SCHOOL IS A _____ SCHOOL FOR THE 10/11 SCHOOL YEAR

E. USING THE OFIS MEMBERSHIP FEE MATRIX (BASED ON SCHOOL SIZE AND MEMBERSHIP LEVEL):

USING THE MATRIX, DETERMINE THIS SCHOOL'S MEMBERSHIP FEE BY LOCATING THE AMOUNT THAT CORRESPONDS WITH THE SCHOOL'S NUMBER OF STUDENTS AND MEMBERSHIP LEVEL (DETERMINED IN SECTION D) -) – *Membership fees are non-refundable*

1. THIS SCHOOL HAS _____ FULL-TIME EQUIVALENT STUDENTS

*FTE = (1/2 x NUMBER OF HALF-DAY STUDENTS + NUMBER OF FULL-DAY STUDENTS)

2. THIS SCHOOL IS A _____ LEVEL MEMBER FOR THE 10/11 SCHOOL YEAR

3. USING THE OFIS MEMBERSHIP FEE MATRIX THIS SCHOOL WILL PAY \$_____ FOR _____ FULL-TIME EQUIVALENT STUDENTS OR THIS SCHOOL WILL PAY THE MINIMUM AMOUNT OF \$_____ (IF APPLICABLE) OR THE MAXIMUM AMOUNT OF \$_____ (IF APPLICABLE)

*MINIMUM & MAXIMUM AMOUNTS ARE BASED ON SCHOOL SIZE ACCORDING TO THE OFIS MEMBERSHIP MATRIX

4. THIS SCHOOL'S TOTAL MEMBERSHIP FEE FOR THE 10/11 SCHOOL YEAR IS \$_____

*TOTAL FEES = FTE/MEMBERSHIP LEVEL AMOUNT FROM OFIS MEMBERSHIP FEE x NUMBER OF FTE'S FROM THIS SCHOOL

WE ARE ENCLOSING A CHEQUE FOR \$_____ MADE PAYABLE TO "OFIS"

*CHEQUE AMOUNT SHOULD BE THE SAME AS AMOUNT LISTED IN #4 -) – *Membership fees are non-refundable*

WE ARE ENCLOSING COPIES OF THIS SCHOOL'S NOI, INSURANCE CERTIFICATE, PRINCIPALS' COURSE CERTIFICATE OF COMPLETION (PLEASE CHECK) _____ - *These copies will be kept on file*

F. OFIS MISSION, VISION AND VALUES – STATEMENT OF AGREEMENT:

OFIS Vision - To provide visible, standard-setting leadership to member independent schools that advocates for justice, choice, and equal opportunity in education for all children

OFIS Mission - OFIS exists to: a) *connect* independent schools in a network that shares resources, provides professional development for school leaders, offers administrative and policy support, b) *advocate* for access to government educational resources for independent schools, c) *protect and support* true parental choice in education by providing public information and ensuring independent schools' right to reasonable self-definition, d) *encourage public awareness and appreciation* for independent schools' contributions to province-wide educational landscape by promoting standard-setting leadership in member schools

OFIS Values – Membership in OFIS is open to all schools, educational associations and individuals who **agree with and support** true parental choice in education and work to develop integrity through standard-setting leadership in schools, and so covenant to undertake and actively work towards the following core values:

1. We value the importance of providing transparent vision, mission & values, supported by an educational philosophy and objectives.
2. We value the importance of hiring proven and qualified instructors and administrators, who agree to uphold and deliver upon the school's stated vision, mission & values promised to families and students.
3. We value diversity in published and applied policies with respect to race, colour, creed, ethnicity and ability.
4. We value open disclosure and implementation of clearly developed, published policies and procedures on all school operational issues including admissions, education standards, student assessment, human resources, evaluation & reporting practices, sound financial practices, withdrawal, suspension & expulsion.
5. We value effective classroom management strategies, orderly curricular scope & sequence planning and accurate record keeping resulting in on-going improvement in student knowledge, ability and achievement.
6. We value sound administrative and personnel management practices, which include strategic planning, policy development, clearly defined job descriptions, performance-based job reviews and professional development.
7. We value financial accountability through sound financial practices, prudent financial management, transparent budget preparation and reporting practices and short and long-term financial planning.

- 8. We value ethical conduct through fair business practices, clear and published school policies & procedures about expectations of all members of school communities (staff, parents, teachers, students, donors).
- 9. We value legal compliance through knowledge of, and adherence to, all applicable municipal, regional, provincial and federal legislation and regulations, ensuring an orderly, purposeful, and safe school environment.
- 10. We value a cooperative spirit through a demonstrated acceptance of, respect for, and a practiced commitment to fellow independent education providers in OFIS and beyond.

I have read and agree, as a school or association, to uphold the OFIS mission, vision, and core values as indicated above. I understand that this membership application is subject to approval by the OFIS Board of Directors. I understand that OFIS can terminate this membership if it can demonstrate that my school or association is in violation of the mission, vision and core values as described here. Further, I understand that I can also terminate my membership annually by giving notice to the OFIS Board of Directors in writing by the annual membership deadline (September 30) and I understand that my membership fees are non-refundable.

Signature of School Administrator

Signature of Board Chair (if applicable)

Signature of School Owner/Proprietor (if applicable)

**PLEASE SEND THIS COMPLETED FORM, COPIES OF REQUESTED DOCUMENTS AND MEMBERSHIP FEES TO OFIS –
PO BOX 24037 PINEBUSH RPO, CAMBRIDGE, ON, N1R 8E6**