



OFIS NEW Membership Application Form – 18/19 School Year (September 1st-August 30th)

Application Information will be used to update OFIS office files & online directory – schools **MUST** return **FULLY COMPLETE** application package (including signed forms, fees & requested documentation copies) to attain membership status and enjoy membership benefits

****PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR SCHOOL FILES!****

A. SCHOOL MEMBERSHIP CONTACT INFORMATION - COMPLETE ENTIRE SECTION – PLEASE READ CAREFULLY:

BSID #: _____ (received from Ontario Ministry of Education)

SCHOOL NAME: _____

*school name listed here will appear on membership certificate & website

PRINCIPAL: _____ CONTACT (if different): _____

SCHOOL ADDRESS (COMPLETE): _____

*Include City & Postal Code

SCHOOL TELEPHONE: _____ FAX: _____

SCHOOL EMAIL: _____ WEB: _____

EMAIL ADDRESS (STAFF MEMBER TO RECEIVE E-NEWS/ACCESS TO MEMBER ONLINE FORUM):

*if you wish additional staff to receive OFIS e-news & participate in online forum, attach extra sheet with names/email addresses

SCHOOL SOCIAL MEDIA LINKS: FACEBOOK - _____ TWITTER - _____

INSTAGRAM - _____ SNAPCHAT - _____

OTHER SOCIAL MEDIA LINKS (BE SPECIFIC): _____

ASSOCIATION INFORMATION – Please Complete Only If Your School Is Part Of An Association - An association is two or more schools, which are joined together over a written statement of purpose, agreed upon guidelines for conducting association business, and a demonstrated process for membership which is fee-based

ASSOCIATION NAME (IF APPLICABLE): _____

*include 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: _____

BRANCH CAMPUSES – For Uninspected Elementary Schools ONLY! – More Than ONE Campus Should Be Listed Separately AND Attached To This Application Form***

FULL CAMPUS ADDRESS: _____

*Include City & Postal Code

B. GENERAL SCHOOL INFORMATION – *SOME INFORMATION WILL APPEAR IN OFIS’ ONLINE DIRECTORY:

PREVIOUS NAMES OF SCHOOL -INDICATE ANY NAME CHANGE(S): _____

*NUMBER OF YEARS IN OPERATION: _____

*THIS SCHOOL SERVES STUDENTS FROM AGES/GRADES: _____ THROUGH _____

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

ENROLLMENT NUMBERS: _____ PRE-SCHOOL _____ JK/K _____ GRADES 1-6 _____ GRADES 7-8 _____ GRADES 9-12
(under 3.8 yrs) (under 6 yrs)

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

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

SCHOOL’S LANGUAGE(S) OF INSTRUCTION: _____

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

*PROJECTED TUITION COST – 18/19 SCHOOL YEAR - \$ _____

C. SCHOOL POLICY INFORMATION – *SOME INFORMATION WILL BE INDICATED IN OFIS’ ONLINE DIRECTORY:

DOES THIS SCHOOL HAVE A PRINCIPAL IN CHARGE & ON-SITE? YES NO

DOES THE PRINCIPAL MAINTAIN CONTROL OF CONTENT FOR THE PROGRAM AND/OR COURSES OF STUDY? YES NO

*IS THERE A COMMON SCHOOL-WIDE ASSESSMENT & EVALUATION POLICY FOR SCHOOL STAFF? YES NO

IS THERE A COMMON SCHOOL-WIDE PROCEDURE FOR REPORTING TO PARENTS? YES NO

IS THERE A COMMON SCHOOL-WIDE ATTENDANCE POLICY? YES NO

IS THERE A CENTRAL OFFICE FOR THE SECURE MAINTENANCE OF STUDENT RECORDS? YES NO

*ARE SCHOOL ADMISSION & REGISTRATION POLICIES PUBLISHED PUBLICLY? YES NO

DOES THIS SCHOOL REQUIRE PLACEMENT TESTS, INTERVIEWS AND/OR CLASSROOM VISITS PRIOR TO ADMISSION? YES NO

*DOES THIS SCHOOL ENTER INTO FORMAL CONTRACTS WITH PARENTS REGARDING FEES, PAYMENT EXPECTATIONS & REFUNDS? YES NO

*DOES THIS SCHOOL REQUIRE SIGNED PARENTAL STATEMENTS OF PROGRAM & POLICY SUPPORT/AGREEMENT UPON ADMISSION? YES NO

*DOES THIS SCHOOL CONDUCT REGULAR CRIMINAL REFERENCE CHECKS FOR STAFF? YES NO

*DOES THIS SCHOOL EMPLOY TEACHERS WHO ARE PROFESSIONALLY CERTIFIED? YES NO

LIST CERTIFICATIONS: _____

DOES THIS SCHOOL HAVE A SCHOOL-WIDE GRIEVANCE RESOLUTION POLICY? YES NO

DOES THIS SCHOOL HAVE A BULLYING PREVENTION/INTERVENTION POLICY THAT REFLECTS CURRENT LEGISLATIVE EXPECTATIONS (ACCEPTING SCHOOLS ACT)? YES NO

D. MEMBERSHIP ELIGIBILITY QUESTIONS - MEMBERSHIP LEVEL & FEES ARE SUBJECT TO ANNUAL REVIEW:

1. DOES THIS SCHOOL MEET THE DEFINITION OF A PRIVATE SCHOOL AS DESCRIBED IN SECTION 16 OF THE EDUCATION ACT AND HAS THIS BEEN VERIFIED THROUGH THE SUCCESSFUL FILING OF A 18/19 "NOTICE OF INTENTION TO OPERATE A PRIVATE SCHOOL" WITH THE ONTARIO MINISTRY OF EDUCATION AND/OR DOES THE SCHOOL SATISFY THE REQUIREMENTS OF THE CHILDCARE & EARLY YEARS ACT AND POSSESS A CURRENT "DAY NURSERY LICENSE" FROM THE MINISTRY OF EDUCATION VALID FOR THE 18/19 SCHOOL YEAR?

*****CHECK ONE – (INCLUDE NOI AND/OR DNL COPIES WITH THIS APPLICATION)**

DAY NURSERY LICENSE YES NO

NOI YES NO

BOTH YES NO

2. DOES THIS SCHOOL HAVE CURRENT GENERAL LIABILITY INSURANCE WHICH INCLUDES EMPLOYMENT PRACTICES LIABILITY, DIRECTORS & OFFICERS LIABILITY, ERRORS & OMISSIONS LIABILITY?

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

YES NO

3. DOES THIS SCHOOL DEMONSTRATE QUALITY OF CONTROL OF INSTRUCTION, ASSESSMENT AND EVALUATION AND REPORTING OF STUDENT ACHIEVEMENT EITHER THROUGH THE USE OF REGULAR STANDARDIZED TESTING, ANNUAL SCHOOL EFFECTIVENESS FRAMEWORK, AND/OR REGULAR SCHOOL REPORT CARDS & PARENT CONFERENCING?

*****CHECK ONE -**

YES NO

PLEASE GIVE DETAILS OF STANDARDIZED TESTS ADMINISTERED - _____

4. HAS ONE OR MORE OF THE SCHOOL'S **CURRENT** ADMINISTRATIVE STAFF SUCCESSFULLY COMPLETED BOTH OF THE *OFIS INDEPENDENT SCHOOL PRINCIPALS' COURSES* (PSP I & PSP II) OR AN OFIS APPROVED EQUIVALENT OR ASSOCIATION EQUIVALENT)?
**Please note that there is a 5 year gap permitted between PSP I AND PSP II. Participants who are waiting to complete PSP II may still check this criterion.*

*****CHECK ONE –**

YES NO

NAME(S) OF PARTICIPANT(S): _____

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

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

5. HAS THE SCHOOL PARTICIPATED IN THE *OFIS SCHOOL MANAGEMENT REVIEW* TO BE RE-CERTIFIED EVERY 5 YEARS (*OR OFIS APPROVED EQUIVALENT OR ASSOCIATION EQUIVALENT IF APPLICABLE*)

***CHECK ONE -**

YES – during the _____ school year NO

NAME OF ACCREDITING BODY: _____

***NON-OFIS ACCREDITATION CERTIFICATION MUST BE PRE-APPROVED BY OFIS BOARD TO SATISFY THIS MEMBERSHIP CRITERIA**

E. MEMBERSHIP LEVEL CALCULATOR (MEMBERSHIP LEVELS AND FEES ARE SUBJECT TO ANNUAL RENEWAL):

*****CHECK THOSE WHICH APPLY:**

- THIS SCHOOL ANSWERED "YES" TO QUESTIONS 1-5 ABOVE – PLATINUM LEVEL MEMBER SCHOOL
- THIS SCHOOL ANSWERED "YES" TO QUESTIONS 1-4 ABOVE – GOLD LEVEL MEMBER SCHOOL
- THIS SCHOOL ANSWERED "YES" TO QUESTIONS 1-3 ABOVE – SILVER LEVEL MEMBER SCHOOL
- THIS SCHOOL ANSWERED "YES" TO QUESTIONS 1-2 ABOVE – BRONZE LEVEL MEMBER SCHOOL
- THIS SCHOOL IS PART OF AN ASSOCIATION – ASSOCIATION LEVEL (an association is two or more schools, which are joined together over a written statement of purpose, agreed upon guidelines for conducting association business, and a demonstrated process for membership which is fee-based)
- THIS SCHOOL IS IN DEVELOPMENT AND WILL OPEN IN _____ (DATE) - \$500 FLAT FEE – DEVELOPMENTAL LEVEL
**This level must have OFIS board approval beyond two membership years*

BASED ON STATEMENT CHECKED - THIS SCHOOL IS A _____ LEVEL SCHOOL FOR THE 18/19 SCHOOL YEAR

***GOLD & PLATINUM LEVEL MEMBERS – PLEASE WRITE A BRIEF DESCRIPTION OF YOUR SCHOOL FOR THE ONLINE DIRECTORY:**

F. MEMBERSHIP FEE CALCULATOR (BASED ON SCHOOL SIZE AND MEMBERSHIP LEVEL):

USING THE 18/19 OFIS MEMBERSHIP FEE MATRIX, DETERMINE THIS SCHOOL'S MEMBERSHIP FEES USING BOTH THE CURRENT LEVEL OF MEMBERSHIP ELIGIBILITY AND THE NUMBER OF FULL-TIME EQUIVANET STUDENTS

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 18/19 SCHOOL YEAR (FROM SECTION D)

3. USING THE 18/19 OFIS MEMBERSHIP FEE MATRIX THIS SCHOOL WILL PAY \$_____ FOR EACH OF THE _____ FULL-TIME EQUIVALENT STUDENTS AT THE _____ MEMBERSHIP LEVEL **OR** THIS SCHOOL WILL PAY THE MINIMUM AMOUNT (LESS THAN 50 FTE STUDENTS) OF \$_____ **OR** THE MAXIMUM AMOUNT (MORE THAN 700 FTE STUDENTS) OF \$_____ FOR THE _____ MEMBERSHIP LEVEL (*Minimum and Maximum amounts can be found on the 18/19 fee matrix)

4. *PRO-RATED MEMBERSHIP FEE CALCULATOR (FOR NEW SCHOOLS JOINING AFTER JANUARY 1 2019 AND BEFORE JUNE 30 2019):

A) FULL-TIME EQUIVALENT STUDENTS (1/2 X NUMBER OF HALF-DAY STUDENTS + NUMBER OF FULL-DAY STUDENTS) - _____

B) MEMBERSHIP LEVEL FOR 18/19 SCHOOL YEAR (FROM SECTION D): _____

C) MEMBERSHIP FEES (FROM THE 18/19 MEMBERSHIP FEE MATRIX) FOR THE ELIGIBLE MEMBERSHIP LEVEL: _____

D) NUMBER OF FULL MONTHS LEFT IN MEMBERSHIP YEAR (JANUARY 1 2018 TO JUNE 30 2018): _____

CALCULATOR: MEMBERSHIP FEES DIVIDED BY 12, MULTIPLIED BY NUMBER OF FULL MONTHS LEFT IN MEMBERSHIP YEAR: _____

5. THIS SCHOOL'S TOTAL MEMBERSHIP FEE FOR THE 18/19 SCHOOL YEAR IS \$ _____

G. MEMBERSHIP FEE PAYMENT:

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

**CHEQUE AMOUNT SHOULD BE FOR THE AMOUNT LISTED IN QUESTION 5 OF SECTION F*

H. OWNERSHIP INFORMATION

SCHOOL OWNER'S FULL NAME: _____

SCHOOL OWNER'S FULL ADDRESS: _____

SCHOOL OWNER'S TELEPHONE NUMBER: _____ OWNER'S EMAIL ADDRESS: _____

NAME OF CORPORATION/CHARITY (IF APPLICABLE): _____

DATE CORPORATION/CHARITY WAS ESTABLISHED (IF APPLICABLE): _____

CORPORATION/CHARITY NUMBER: _____

DIRECTOR/CONTACT FOR CORPORATION/CHARITY: _____ TELEPHONE NUMBER: _____

I. OFIS CORE VALUES – STATEMENT OF AGREEMENT:

OFIS Core 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 ten 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 up on 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, understood 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 ultimately 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 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 1) and I understand that my membership fees are non-refundable. Finally, I understand that if I terminate my membership with OFIS I must do so, in writing using a termination form, by the annual deadline. I attest that everything I have included in this application is true to the best of my knowledge and that I am a signing officer for the school. I give permission for OFIS to contact me with membership updates through regular e-news.

PRINTED Name of School Administrator

PRINTED Name of Board Chair (if applicable)

Signature of School Administrator

Signature of Board Chair (if applicable)

Signature of School Owner/Proprietor (if applicable)

Date

J. ENSURE YOUR APPLICATION IS COMPLETE – INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY INTERRUPT MEMBERSHIP SERVICES & BENEFITS

***Requested Documentation Copies Will Be Kept On File**

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. HAVE YOU COMPLETED ALL QUESTIONS IN ALL SECTIONS OF THE APPLICATION | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| 2. HAS THE APPLICATION FORM BEEN SIGNED BY ALL REQUIRED OFFICIALS? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| 3. HAVE YOU INCLUDED A COPY OF YOUR 18/19 NURSERY LICENSE? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 4. HAVE YOU INCLUDED A RECEIPT/COPY OF YOUR 18/19 NOI? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 5. HAVE YOU INCLUDED A COPY OF YOUR CURRENT INSURANCE CERTIFICATE? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| 6. HAVE YOU INCLUDED A COPY OF YOUR PRINCIPALS' COURSE CERTIFICATE? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |
| 7. HAVE YOU INCLUDED MEMBERSHIP FEE PAYMENT (CHEQUE)? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | |

SUBMISSION DEADLINES:

****PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR FILES**!**

EARLY-BIRD DEADLINE FOR RENEWING SCHOOLS – MUST BE POST-MARKED BY JULY 31 2018

MEMBERSHIP DEADLINE FOR RENEWING SCHOOLS – POST-MARKED BY SEPTEMBER 1 2018

MEMBERSHIP DEADLINE FOR NEW SCHOOLS – POST-MARKED AT ANY TIME – FEES WILL BE PRO-RATED AFTER JANUARY 1 2019

MEMBERSHIP TERMINATION DEADLINE – SCHOOLS NOT WISHING TO RENEW MUST INDICATE SO, IN WRITING, BY JULY 1 2018 (TERMINATION FORM AVAILABLE UPON REQUEST)

PLEASE SEND THIS COMPLETED APPLICATION FORM, COPIES OF ALL REQUESTED DOCUMENTS AND PAYMENT OF MEMBERSHIP FEES TO OFIS – 101 HOLIDAY INN DRIVE, PO BOX 29011, CAMBRIDGE, ON, N3C 0E6