



OFIS RENEWING Membership Application Form – 19/20 School Year (August 1st-July 31st)

Information in this application will be used to update OFIS office files & online directory listings – **FULLY COMPLETE** application packages (including signed forms, full fees & all requested documentation copies) **MUST** be submitted for membership status and membership benefits ****PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR SCHOOL FILES!****

A. SCHOOL MEMBERSHIP INFORMATION

OFIS ID# _____ BSID# _____
(OFIS ID# Can Be Found In OFIS Online Directory – BSID# Is Issued By Ontario Ministry Of Education)

SCHOOL NAME: _____
*school name listed here will appear on membership certificate & website

*****PLEASE COMPLETE THE REST OF SECTION A ONLY FOR CHANGES SINCE 18/19 APPLICATION – CHECK YOUR SCHOOL'S OFIS ONLINE DIRECTORY TO VERIFY PREVIOUS MEMBERSHIP INFORMATION SUBMITTED*****

PRINCIPAL: _____ SCHOOL 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 ONLINE MEMBER 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 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 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 LISTING:

*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)

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

*PROJECTED TUITION COST – 19/20 SCHOOL YEAR - \$ _____

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

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 & TUITION POLICIES PUBLISHED PUBLICLY? YES NO

DOES THE SCHOOL REQUIRE PLACEMENT TESTS AND INTERVIEWS 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 & AND POLICY SUPPORT/AGREEMENT UPON ADMISSION? YES NO

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

*DOES THIS SCHOOL EMPLOY TEACHERS WHO ARE PROFESSIONALLY CERTIFIED? LIST CERTIFICATIONS: _____ YES NO

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 (MEMBERSHIP LEVEL & FEES ARE SUBJECT TO ANNUAL REVIEW):

1. MEMBERSHIP LEVEL FOR 19/20 – CHECK ONE AFTER REVIEWING ELGIBILITY REQUIREMENTS BELOW OR REVIEW PREVIOUS MEMBERSHIP LEVEL (AVAILABLE IN OFIS ONLINE DIRECTORY LISTING)

BRONZE SILVER GOLD PLATINUM ASSOCIATION IN DEVELOPMENT

ELIGIBILITY REQUIREMENTS:

BRONZE - SCHOOL MEETS 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 CURRENT “NOTICE OF INTENTION TO OPERATE A PRIVATE SCHOOL” WITH THE ONTARIO MINISTRY OF EDUCATION AND/OR SATISFIES THE REQUIREMENTS OF THE CHILDCARE AND EARLY YEARS ACT AND POSSESSES A “DAY NURSERY LICENSE” FROM THE MINISTRY OF EDUCATION VALID FOR THE 17/18 SCHOOL YEAR. SCHOOL HAS CURRENT GENERAL LIABILITY INSURANCE WHICH INCLUDES EMPLOYMENT PRACTICES LIABILITY, DIRECTORS & OFFICERS LIABILITY, ERRORS & OMMISSIONS LIABILITY

SILVER – SCHOOL HAS ALL BRONZE REQUIREMENTS AND DEMONSTRATES QUALITY OF CONTROL OF INSTRUCTION, ASSESSMENT AND EVALUATION OF STUDENT ACHIEVEMENT EITHER THROUGH THE USE OF REGULAR STANDARDIZED TESTING, ANNUAL SCHOOL EFFECTIVENESS FRAMEWORK, AND/OR REGULAR SCHOOL REPORT CARDS & PARENT CONFERENCING

GOLD – SCHOOL HAS ALL BRONZE & SILVER REQUIREMENTS AND ONE OR MORE OF THE SCHOOL’S CURRENT ADMINISTRATIVE STAFF HAVE SUCCESSFULLY COMPLETED ONE OR BOTH OF THE OFIS SCHOOL LEADERSHIP 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.*

PLATINUM – SCHOOL HAS ALL BRONZE, SILVER & GOLD REQUIREMENTS AND HAS PARTICIPATED IN AN OFIS SCHOOL MANAGEMENT REVIEW IN THE LAST 5 YEARS (OR OFIS APPROVED EQUIVALENT OR ASSOCIATION EQUIVALENT IF APPLICABLE)

ASSOCIATION – PART OF AN ASSOCIATION OF 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

IN DEVELOPMENT – A NEW SCHOOL WORKING TOWARDS OPENING IN _____ (MM/YYYY)

E. MEMBERSHIP LEVEL CALCULATOR - MEMBERSHIP LEVELS AND FEES ARE SUBJECT TO ANNUAL RENEWAL – CHOOSE ONE:

BASED ON THE DESCRIPTIONS ABOVE IN SECTION D, THIS SCHOOL IS A _____ LEVEL SCHOOL FOR THE 19/20 SCHOOL YEAR

BASED ON THE DESCRIPTIONS ABOVE IN SECTION D, THIS SCHOOL IS A SCHOOL IN DEVELOPMENT FOR THE 19/20 SCHOOL YEAR

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)

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 19/20 OFIS MEMBERSHIP FEE SCHEDULE, 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 19/20 SCHOOL YEAR (FROM SECTION D)

3. CHOOSE ONE OF THE FOLLOWING 3 OPTIONS FOR DETERMINING PAYMENT:

USING THE 19/20 OFIS MEMBERSHIP FEE SCHEDULE THIS SCHOOL WILL PAY \$ _____ FOR EACH OF THE _____ FULL-TIME EQUIVALENT STUDENTS AT THE _____ MEMBERSHIP LEVEL

OR THIS SCHOOL WILL PAY THE MINIMUM AMOUNT (IF LESS THAN 50 FTE STUDENTS) OF \$ _____ FOR THE _____ MEMBERSHIP LEVEL (*Minimum and Maximum amounts can be found on the 19/20 fee schedule)

OR THIS SCHOOL WILL PAY THE MAXIMUM AMOUNT (IF MORE THAN 700 FTE STUDENTS) OF \$ _____ FOR THE _____ MEMBERSHIP LEVEL (*Minimum and Maximum amounts can be found on the 19/20 fee schedule)

4. THIS SCHOOL IS IN DEVELOPMENT AND WILL OPEN IN _____ (DATE) - \$500 FLAT FEE
*This level must RECEIVE OFIS board approval beyond two membership years

5. THIS SCHOOL'S TOTAL MEMBERSHIP FEE FOR THE 19/20 SCHOOL YEAR IS \$ _____

G. MEMBERSHIP FEE PAYMENT:

<p><input type="checkbox"/> WE ARE ENCLOSING A CHEQUE FOR \$ _____ MADE PAYABLE TO "OFIS" *CHEQUE AMOUNT SHOULD BE FOR THE AMOUNT LISTED IN QUESTION 5 OF SECTION F OR THE AMOUNT IN QUESTION 2 OF SECTION J (OFIS TRUST)</p>

H. SCHOOL OWNERSHIP INFORMATION

SCHOOL OWNER'S FULL NAME: _____

SCHOOL OWNER'S FULL ADDRESS: _____

SCHOOL OWNER'S TELEPHONE NUMBER: _____ SCHOOL 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 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 the OFIS Core values above. I understand them and agree to uphold the OFIS mission, vision and Core Values as a representative of a school or association. 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 (August 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.

Signature of School Administrator

Signature of Board Chair (if applicable)

Signature of School Owner/Proprietor (if applicable)

Date

Signature of School Owner/Proprietor (if applicable)

Date

J. PARTICIPATE IN THE OFIS TRUST (OPTIONAL)

The OFIS Charitable Trust seeks to improve the quality of education that is provided in Ontario’s independent schools by providing financial assistance for the training of teachers and administrators who are employed or plan to be employed in schools that are not publicly funded. Donor support is needed so the OFIS Charitable Trust can begin its work in helping independent schools improve, excel, and ultimately receive the recognition and respect due as an important thread in Ontario’s educational tapestry. This is all in keeping with the OFIS Board’s Vision and Mission to provide STANDARD SETTING LEADERSHIP. More information is on the OFIS website

PLEASE CONSIDER MAKING A DONATION TO THE OFIS TRUST (all donations result in charitable receipt) – CHOOSE ONE:
(*Donation amounts can be added to membership fee payment or made by separate cheque)

1. Donation Amount: \$ _____ (paid by separate cheque included in this package)

2. Donation Amount - \$ _____ + Membership Fee Amount (Section F) - \$ _____

Total Payment: \$ _____

Please provide the names of independent school supporters in your community who could be contacted by the OFIS Trust:
(*This information will be kept confidential)

Name: _____ Tel: _____ Email: _____

Name: _____ Tel: _____ Email: _____

Name: _____ Tel: _____ Email: _____

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

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

- 1. HAVE YOU COMPLETED ALL SECTIONS OF THE APPLICATION? YES NO
- 2. HAS THE APPLICATION FORM BEEN SIGNED BY ALL REQUIRED OFFICIALS? YES NO
- 3. HAVE YOU INCLUDED A COPY OF YOUR 19/20 NURSERY LICENSE? YES NO N/A
- 4. HAVE YOU INCLUDED A RECEIPT/COPY OF YOUR 19/20 NOI? YES NO N/A
- 5. HAVE YOU INCLUDED A COPY OF YOUR CURRENT INSURANCE CERTIFICATE? YES NO
- 6. HAVE YOU INCLUDED MEMBERSHIP FEE PAYMENT (CHEQUE)? YES NO

SUBMISSION DEADLINES:

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

EARLY-BIRD DEADLINE – MUST BE POST-MARKED BY JUNE 30 2019

MEMBERSHIP DEADLINE – MUST BE POST-MARKED BY AUGUST 1 2019

TERMINATION OF MEMBERSHIP – SCHOOLS NOT WISHING TO RENEW MUST INDICATE SO, IN WRITING, BY AUGUST 1 2019 (TERMINATION FORM AVAILABLE ON OFIS WEBSITE – FORMS & APPPLICATIONS)

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