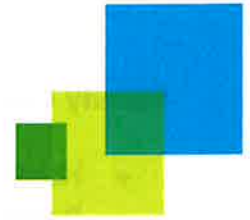


Mosaic Home Education Partnership  
Commodore Options School  
9530 N.E. High School Road  
Bainbridge Island, Washington 98110  
206-780-1646



**MOSAIC K - 8**

Dear Prospective Families:

Thank you for your interest in Mosaic Home Education Partnership. Mosaic K-8 is a public program of choice within the Bainbridge Island School District. Mosaic K-8 offers students a personalized, non-traditional learning environment where students and parents have a voice in determining what and how they learn. Mosaic K-8 students attend on-campus enrichment classes two days per week. The majority of their instruction is home-based with their parent as the primary educator. Mosaic K-8 students also attend on-campus enrichment classes two days a week taught by certificated staff. Full-time enrolled students and parents meet with an academic advisor each month to review academic progress and to determine appropriate curriculum choices.

Carefully review the enclosed information for critical deadlines, classroom tour dates and other enrollment requirements.

The following is a schedule of dates and events that are necessary to enroll in the upcoming school year.

- **Wednesday, March 10<sup>th</sup>, 7-8PM**  
Information Night -Zoom
- **Thursday April 1<sup>st</sup> 3:00pm**  
Deadline to turn in Mosaic Interest Form

### **Mosaic Home Education Partnership Commitment to Families**

- Advisor will develop a Written Student Learning Plan
- Advisor will work collaboratively with the parent in curriculum choices
- Advisor will meet monthly with parent and student to monitor progress
- Mosaic K-8 certificated staff will provide enrichment classes
- Staff will make available curriculum and learning resources

## **Family Commitment to Mosaic K-8**

- Home-based instruction is the primary commitment
- Record monthly progress and collect evidence of work
- Regular attendance in Mosaic's enrichment classes
- Four hours of parent volunteer work per month

## **Frequently Asked Questions:**

### **Why do families choose to attend Mosaic Home Education Partnership?**

Mosaic is an option program which provides educational support to parents and students who choose to pursue their education outside the traditional classroom. Mosaic K-8 is a community of students, parents and staff who believe that individualized education best supports the child's strengths and creativity.

### **The Non Resident Student**

Applicants that are non-resident may apply but acceptance is subject to consideration such as educational history and space availability.

**Are students with individualized education program (IEP) served at choice schools?** Choice schools are open to all students. As a public school within Bainbridge Island School District, Mosaic Home Education Partnership does not discriminate against students based on race, creed, color, national origin, religion, sex, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a student with a disability.

Choice schools will ask parents/students if a student has an IEP. The IEP describes the services that are needed to support the student. Not all services are available at all schools within the Bainbridge Island School District. The IEP team, which includes the parents, will make any location or change of service decisions. All decisions are made in accordance with federal and state laws, and district procedures.

### **Do Parents Volunteer?**

Parent volunteers are an integral part of the Mosaic Community and contribute to the exceptional quality of our program. Supporting our students and teachers is a primary role you will play as a Mosaic parent. There are many opportunities to be involved in program activities, steering committee (PTO), policy-making, and financial support.

## **Enrollment Paperwork**

Enrollment forms are completed online. Current BISD Student will need to complete the Back to School Registration Process in July.

All students new to BISD will need to complete the process as well and provide and upload:

- a birth certificate
- a certificate of immunization
- a utility bill for proof of residency or non-residency

We look forward to working with you.

Tricia Corsetti, M.S.,  
Principal, Commodore Options K-12  
[tcorsetti@bisd303.org](mailto:tcorsetti@bisd303.org)

# Mosaic Interest 2021-2022

<b>Student Name:</b> Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	<b>Registering for Grade:</b>
<b>Birthdate:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Also known as:</b>	
Most recently attended school or school district, city and state: School: _____ City: _____ State: _____ Zip: _____ Dates Attended: _____			
Has this student ever attended Bainbridge Island Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school and year attended _____ Are there any siblings enrolled in the district <input type="checkbox"/> Yes <input type="checkbox"/> No If yes where _____			
<b>Student Services</b>			
Has this student ever been referred, evaluated and/or served in Special Education?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does the student have a current IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your student on a current 504 plan??		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this student have any past, current, or pending disciplinary problems		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this student have any history of violent behavior?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you suspect your student may have learning difficulties?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HAS YOUR CHILD EVER PARTICPATED IN:</b>			
<input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> English Language Learner <input type="checkbox"/> Speech <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other _____			
<b>Primary Household (parent/guardian where student resides)</b>		<b>Primary Household Phone Number:</b>	
(1) Legal Last Name	Legal First Name	(1) Additional Phone Number(s)	(1) Email:
(2) Legal Last Name	Legal First Name	(2) Additional Phone Number(s)	(2) Email:
<b>Resident Address</b>	(Street)	Apt #	City State ZIP
<b>Mailing Address</b>	(If different)	Apt #	City State ZIP
<b>Secondary Household</b>		<b>Secondary Household Phone Number:</b>	
(1) Legal Last Name	Legal First Name	(1) Additional Phone Number(s)	(1) Email:
(2) Legal Last Name	Legal First Name	(2) Additional Phone Number(s)	(2) Email:
<b>Resident Address</b>	(Street)	Apt #	City State ZIP
<b>Mailing Address</b>	(If different)	Apt #	City State ZIP

Please continue on back

**Student Services**

Has this student ever been referred, evaluated and/or served in Special Education a Yes  
If yes, does the student have a current IEP? a Yes  
Is your student on a current 504 plan?? a Yes  No  
Does this student have any past, current, or pending disciplinary problems a Yes  No  
Does this student have any history of violent behavior? a Yes Do you suspect your student may have learning difficulties? a Yes  No  
HAS YOUR CHILD EVER PARTICPATED IN:  No  
a Title LAP a Gifted a English Language Learner a Speech Occupational/Physical Therapy Other \_\_\_\_\_

Please tell us:

Why do you think your child will be successful in the Mosaic 1<-8 Home Education Partnership program?

What would you like for the Mosaic K-8 Staff to know about your student

1. their educational back ground
  
  
2. their social skills

How will you participate in your child's education

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_