



Odyssey Multiage Program
Commodore Options Schools
9530 N.E. High School Road
Bainbridge Island, Washington 98110
206 780-1646

Dear Prospective Families,

Thank you for your interest in the Odyssey K-8 Program. Odyssey is a public school of choice within the Bainbridge Island School District. Odyssey offers students a tight-knit, personalized, non-traditional learning environment where students have a voice. This is a different environment than the other district schools and, as such, Odyssey may not be the right fit for all students. Carefully review the enclosed information for critical application deadlines and other enrollment requirements.

Our class sizes are consistent with Bainbridge Island School District class averages. These students are then divided into the 1/2 clusters, the 3/4 clusters, 5/6 clusters and 7/8 cluster. Kindergarten class size is set at 20 students or less. To ensure that spaces are allotted in a fair manner, Odyssey K-8 employs a lottery system for enrollment.

Important Dates:

- **Wednesday, February 15th, 6:30 pm – 8:00 pm**
Information Night
- **Friday, March 10th, 3:00 pm**
Application Deadline
A hard copy is preferred and can be mailed or dropped off at,
Odyssey Multiage Program 9530 NE High School Road
or emailed to Michelle Hope at mhope@bisd303.org
- **Tuesday, March 14,** Lottery
- **Friday, March 31,** Final decision for Odyssey

Frequently Asked Questions:

Why do students choose to attend the Odyssey Multiage Program?

We are a school of choice, and we believe that there is not one model of school that meets all student learning styles. Families select our programs because they flourish in the small schools model of learning. Odyssey is an active parent involved community based on a multiage classroom model.

The Non Resident Student

Applicants that are non-resident may apply but acceptance is subject to consideration such as educational history and space availability and applicants must complete the Choice Transfer Form.

How 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, Odyssey 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 dog guide 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.

Odyssey Family Commitment

Parent volunteering and involvement, both inside and outside the classroom, is an integral part of the Odyssey Community and contributes to the exceptional quality of our program. We ask that parents attend monthly parent meetings and volunteer 10 hours (5hours for single parent) per month. Supporting our students and teachers is a primary role you will play as an Odyssey parent and there are many opportunities to be involved in program activities, policy-making, and financial support.

We look forward to working with you.

Tricia Corsetti M.S., Principal
tcorsetti@bisd303.org

Received by: _____ Date: _____

Odyssey Lottery Application 23-34

| | | | | | | | |
|--|----------------|---|------|--|-----|------------------------|--|
| Student Name: Last Name (Legal) | | First Name (Legal) | | Middle Name (Legal) | | Registering for Grade: | |
| Birthdate: | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Also known as: | | | |
| Most recently attended school or school district, city and state: School: _____ City: _____ State: _____ Zip: _____ Dates Attended: _____ | | | | | | | |
| Has this student ever attended one of the BISD 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 _____ | | | | | | | |
| Student Services | | | | | | | |
| 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 | | | |
| HAS YOUR CHILD EVER PARTICPATED IN: | | | | | | | |
| <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 _____ | | | | | | | |
| Primary Household (parent/guardian where student resides) | | | | Primary Household Phone Number: | | | |
| (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: | |
| Resident Address | (Street) | Apt # | City | State | ZIP | | |
| Mailing Address | (If different) | Apt # | City | State | ZIP | | |
| Secondary Household | | | | Secondary Household Phone Number: | | | |
| (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: | |
| Resident Address | (Street) | Apt # | City | State | ZIP | | |
| Mailing Address | (If different) | Apt # | City | State | ZIP | | |

Legal Parent/Guardian Signature _____ Date _____