



ASTATULA CHRISTIAN SCHOOL

ENROLLMENT PACKET 2021-2022

FOR OFFICE USE ONLY

Date: _____ Time: _____

\$ Paid: _____

Received by: _____

Principal/Guidance Interview:

___ Yes ___ No

Student Name: _____ **Grade Entering:** _____

Please print student's full name as it appears on their birth certificate

Student is not officially enrolled at Astatula Christian School until all items below have been received by the administration office.

___ Copy of Original Birth Certificate (New Students Only)

___ Florida State Immunization Form (7th grade students MUST have an updated form on or before 1st day of classes*)

___ Florida State Physical Form*

___ Report Card from previous school (New students only)

___ Transcript from previous school (New high school students only)

___ Financial contract signed

___ Copy of Scholarship Award Letter (if applicable)

___ Copy of current Educational Plan (if applicable)

___ Joe Swaffer Park Permission Waiver signed

****All immunization and health records and any special medical requirements must be submitted to the school before the student can be permitted to attend class. Your doctor has the necessary forms required by the Florida Department of Health. These forms must be originals and they must be signed by the student's physician.***



ASTATULA CHRISTIAN SCHOOL

2021-2022 FINANCIAL RATES FORM

FOR OFFICE USE ONLY

Date: _____ Time: _____

\$ Paid: _____

Received by: _____

Principal/Guidance Interview:

___ Yes ___ No

Student Name: _____ **Grade Entering:** _____

Please print student's full name as it appears on their birth certificate

FINANCIAL RATES FOR THE 2020-2021 SCHOOL YEAR

NON-REFUNDABLE FEES:

Enrollment Fee Per student	\$200.00
*Athletic Fee (Per Sport)	\$150.00
Curriculum Fee	\$400.00
TUITION:	
Graded K-12th	\$5200.00

EARLY PAYMENT DISCOUNT: Receive a 2% discount when tuition is paid in full by **August 1, 2021**.

***ATHLETIC FEE:** Pricing is per student per sport and includes uniform, league fee, travel and sports equipment. Fee due one month before the start of the season.

PAYMENT OPTIONS:

All payments are due by the 1st of each month and late after the 10th. If the 1st falls on a weekend, payments are due on the Friday before.

___ **Monthly Plan (11 months):** This payment plan begins July 1, 2021 with a final payment due by May 1, 2022. Monthly payments can be made by check or drafted out of your bank account.

___ **Monthly Plan (10 month):** This payment plan begins August 1, 2021 with final payment due by May 1, 2022. Monthly payments can be made by check or drafted out of your bank account.

___ **Scholarship Applied for:** _____ **Amount Granted from Scholarship: \$** _____

*In the event that a student's scholarship does not cover all costs for the school year, the Parent/Guardian that signs this form will be responsible for paying all remaining balances. Scholarship checks are delivered to the ACS office on a quarterly basis. The parent listed on check must endorse check within 5 days of being contacted by the school. **Late payment:** Monthly unpaid tuition and fee balance payments are due on the 1st of each month and considered late on the 10th. A \$25 late fee is assessed for payments received after the 15th. **NSF payment:** Payments returned for insufficient funds are charged back to the tuition and fee account. A \$35 NSF fee is also charged to your account. Late fees may also be assessed.*

By signing below, I affirm my understanding and agreement to the above financial arrangements.

Parent/Guardian Signature: _____ **Date:** _____

2021-2022 SCHOOL YEAR STUDENT & FAMILY INFORMATION



STUDENT

Name: _____
Last First Middle

Grade Level Intent: _____

Date of Birth: _____ Gender: ___ Male ___ Female Social Security Number: _____ - _____ - _____

FATHER

Name: _____
Last First Middle

Email Address: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Work Phone 2: _____ Work Email: _____

Other Phone: _____ Social Security Number: _____ - _____ - _____

MOTHER

Name: _____
Last First Middle

Email Address: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Work Phone 2: _____ Work Email: _____

Other Phone: _____ Social Security Number: _____ - _____ - _____

FAMILY

Primary Parent: ___ Mother ___ Father ___ Both ___ Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

2021-2022 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



EMERGENCY CONTACTS

1. Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____
2. Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____
3. Contact Name: _____	Relation: _____
Primary Phone: _____	Secondary Phone: _____

PARENT PICKUP/CHECKOUT

The following people MAY pick up my child from ACS at any time:

Name: _____	Name: _____
Name: _____	Name: _____

MEDICAL CONTACTS

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Hospital: _____	Phone: _____

Insurance: _____
Phone: _____
Policy Number: _____

AUTHORIZATION FOR EMERGENCY TRANSPORT

In the event that my child _____ becomes ill or is injured while under the supervision of Astatula Christian School, I hereby authorize the school's administration to take whatever steps necessary to ensure proper medical care render to my child _____ in the event of an emergency. I authorize consent to transport my child by ambulance to the closest available Emergency Facility when the situation is warranted by the discretion of the ACS administration. In the event of an emergency that requires ACS to vacate the premises, and I am unable to be reached, I hereby authorize ACS's administration to transport my child to an alternate safe environment. I understand that once transported to a designated safe environment, further attempts to contact me will continue until I am reached.

Parent/Guardian Signature: _____ Date: _____

2021-2022 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



HEALTH INFORMATION

Does your child have any health conditions? ☐ Yes ☐ No

If yes, please explain in full detail:

Current medication(s) prescribed and for what purpose(s):

ALLERGY INFORMATION

LIST ALL RELEVANT ALLERGENS

MEDICATIONS: ☐ Call 911

Symptoms of this allergy:

Describe necessary procedures and medicine after exposure to allergen:

ENVIRONMENTAL: ☐ Call 911

Symptoms of this allergy:

Describe necessary procedures and medicine after exposure to allergen:

MEDICATIONS: ☐ Call 911

Symptoms of this allergy:

Describe necessary procedures and medicine after exposure to allergen:

INSECTS: ☐ Call 911

Symptoms of this allergy:

Describe necessary procedures and medicine after exposure to allergen:

2021-2022 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



ACADEMIC BACKGROUND

Previous School Attended: _____

City: _____ State: _____

Dates (mm/dd/yyyy): _____ Grade Level: _____

Previous School Attended: _____

City: _____ State: _____

Dates (mm/dd/yyyy): _____ Grade Level: _____

Previous School Attended: _____

City: _____ State: _____

Dates (mm/dd/yyyy): _____ Grade Level: _____

*****ALL HIGH SCHOOL APPLICANTS MUST ATTACH A TRANSCRIPT FROM THEIR PREVIOUS SCHOOL*****

Has your child ever repeated a grade? ☐ Yes ☐ No **If yes, please explain below:**

1. Grade level repeated: _____ School at which child repeated grade: _____

2. Grade level repeated: _____ School at which child repeated grade: _____

Please Explain: _____

DISCIPLINARY BACKGROUND

Has your child ever been dismissed, suspended or formally disciplined from a previous school? ☐ Yes ☐ No

If yes, please provide formal documentation from previous school regarding any and all instances.

EXCEPTIONALITIES

Does your child have any physical, emotional, or learning disabilities? ☐ Yes ☐ No

Please explain: _____

****Please provide formal documentation that affirms the accuracy and severity of any and all disabilities.****

2021-2022 SCHOOL YEAR STUDENT & FAMILY INFORMATION CONTINUED



CHURCH AFFILIATION

Does your family attend church? ☐ Yes ☐ No

If yes, Where? _____

Does your child attend a Sunday school/children's church? ☐ Yes ☐ No

If yes, Where? _____

Name of Pastor(s): _____

STATEMENT OF NON-DISCRIMINATION

Astatula Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies and scholarships, athletic and other school-administered programs. ACS does reserve the right to use fair and appropriate selection criteria that reflects its stated goals and objectives to fulfill its purpose and academic standards. Using those criteria, Astatula Christian School administration also reserves the right to reject a student applicant for enrollment if for any valid reason the student proves to be inconsistent or incompatible with ACS's purpose and standards.

MEDIA RELEASE AGREEMENT

☐ I grant permission for my child's photograph or video image to be taken while he/she is in the care of Astatula Christian School. Such images may be posted in classrooms or other appropriate places within the school, used in ACS presentations or promotional materials and in such things as marketing handouts, ACS's website and social media sites and the school's yearbook.

☐ I do NOT grant permission for my child's photograph or video image to be taken while he/she is in the care of Astatula Christian School and it may not be used for any marketing purpose with the exception of the yearbook.

Parent/Guardian Signature: _____ Date: _____

NOTES

How did you hear about us?



ASTATULA CHRISTIAN SCHOOL

2021-2022 SCHOOL YEAR

STATEMENT OF COOPERATION

I recognize that Astatula Christian School is an educational institution operated as a ministry of Astatula Baptist Church and staffed by those whose aim is to benefit all children without discrimination and I realize that attendance is a privilege. Therefore, I hereby agree to cooperate with the administration by supporting its policies, procedures and disciplines.

I agree to hold ACS and its agents harmless of the liability in cases of any actual injury to my child in cases of routine, school-sponsored and supervised activities for which the school has no control. I further agree to pay all legal fees (attorney, court, damages or other costs) incurred by ACS arising from any legal action brought against the school or its agents or employees for which the school is found to not be at fault.

I will fully cooperate with ACS in the education of my child and to adhere to all school plans, policies and regulations. I agree to collaborate with the teachers, administration and all other ACS employees to quickly resolve any issues or problems. Troubles with academics or the classroom will be taken to the child's teacher first for immediate resolution, and then to the principal for final discussion if necessary. I will not undermine the school, its employees or programs and I will be careful not to make non-constructive negative comments, either in person or on social media (i.e. Facebook, Twitter, Instagram, etc.)

I understand that ACS reserves the right to dismiss a child, after thorough consultation with administration, classroom teacher(s), and the child's parents if the child does not make necessary adjustments to fully adhere to all policies rules of conduct, and academic or behavioral standards.

I further agree to read and abide by all Astatula Christian School policies as stated in the ACS Student/Paper Handbook. I understand that at times ACS may need to make necessary changes to certain Handbook policies and that they reserve the right to do so.

By signing this agreement, I acknowledge that I have read and understood the terms of this contract and I agree to the terms, policies and conditions stated herein. My signature below also indicates that I assume complete responsibility for maintaining the financial agreement between my family and Astatula Christian School.

My signature below will validate this Statement of Cooperation for my child's enrollment at Astatula Christian School for the 2021-2022 school year and it will not expire until my child is formally withdrawn or graduated.

Parent/Guardian Signature: _____ **Date:** _____



ASTATULA CHRISTIAN SCHOOL

2021-2022 SCHOOL YEAR

Joe Swaffer Park Permission Form

I, _____ grant permission for my student _____
(Print Legal Parent/Guardian Full Name) (Print Students Full Name)

to be taken to Joe Swaffer Park (located at 25332 Jefferson St. Astatula, FL) on occasion throughout the 2021-2022 school year for such events as field day or physical education.

I hereby release Astatula Christian School and Astatula Baptist Church of any and all liabilities in case of any accidents.

I agree to hold Astatula Christian School (ACS) and Astatula Baptist Church (ABC) and its agents harmless of liability in cases of an actual or alleged injury to my child in cases of supervised activities for which the school has no control. I further agree to pay all legal fees (attorney, court, damages or other costs) incurred by ACS or ABC arising from any legal action brought against the school or its agents or employees for which the school is found to not be at fault.

In the event of an emergency and I am unable to be reached, I hereby authorize ACS and/or ABC administration to transport my child to an alternate safe environment. I understand that once transported to the designated safe environment, further attempts to contact me will continue until I am reached.

By signing below, I agree to the above terms and conditions.

Parent/Guardian Name Printed: _____ Relation: _____

Parent/Guardian Signature: _____ Date: _____



ASTATULA CHRISTIAN SCHOOL

2021-2022 SCHOOL YEAR

FINANCIAL AGREEMENT

We, the parents (or legal guardians) of _____, agree to the following statements and will cooperate with the financial policies of Astatula Christian School.

I, the parent (or legal guardian), agree to pay the tuition fees, any late charges or returned check charges that may accrue as a result of not paying by the given deadline.

I, the parent (or legal guardian), agree to pay all collection costs including necessary legal fees involved in collecting delinquent accounts.

I, the parent (or legal guardian), agree to stop by the school office to sign scholarship checks within the first five days of being notified said check has arrived. (This includes approving online reimbursement requests for Gardiner)

I, the parent (or legal guardian), agree that if my student is withdrawn or expelled from ACS, during the 2021-2022 school year, I am responsible to pay all fees not covered by their scholarship through that quarter.

We, as parents (or legal guardians) understand that the student enrollment form will not be considered without the enrollment fee.

Father/Guardian Signature: _____ **Date:** _____

Mother/Guardian Signature: _____ **Date:** _____