

OLDSMAR CHRISTIAN SCHOOL

REGISTRATION AND FINANCIAL OBLIGATION FORM FOR SCHOOL YEAR 2017/2018

- \$500 Enrollment fee (includes enrollment, testing, materials, gym fee, and school insurance).
- \$600 Enrollment fee beginning June 1st.
- \$475 Monthly tuition of 10 monthly payments for 6th through 12th grade.
- \$435 Monthly tuition of 10 monthly payments for kindergarten 5 through 5th grade.
- \$445 Monthly tuition of 10 monthly payments for kindergarten 4.

There is a \$10 per month discount for the 2nd child enrolled, a \$20 per month discount for 3rd child enrolled, etc.
 There may be an additional fee for children with learning or physical disabilities.

There may be an additional monthly increase in tuition for students with discipline problems.

Although books are considered "materials" they remain the property of the school and are reused each year.
 School hours are from 8:30 am to 3:10 pm Monday - Friday.

There are no school prepared meals for K4 or K5. However pizza is ordered in twice a week.
 Grades 1 - 12 may partake of the concession stand in the lunch room.

THERE WILL BE NO REFUNDS! RECORDS WILL NOT BE FORWARDED OR RELEASED UNTIL ALL FINANCIAL OBLIGATIONS ARE MET.

Enrollee Name: _____ Grade _____ DOB _____

Enrollee Name: _____ Grade _____ DOB _____

Enrollee Name: _____ Grade _____ DOB _____

I understand that my payments should be made on the 1st of each month in order to avoid a 5% late charge on any outstanding balance. The late charge will be assessed after the 5th of the month. Should my account become 30 days past due I will withdraw my child or children unless special arrangements have been made with the school board. The monthly payments will begin on August 1st and the last payments will be due May 1st.

We (parents) have also read the Statement of Cooperation and the Oldsmar Christian School Doctrinal Statement and give our permission to the school to teach this doctrine to our child. The school expects 100% cooperation from the parents. It is important that the school receives parental support which enables the student to be successful.

FATHER

Date: _____ Print Name _____ Soc. Sec. # _____

Parent Signature _____

Work Phone () _____ Cell Phone: () _____

Fax () _____ Email _____

MOTHER

Date: _____ Print Name _____ Soc. Sec. # _____

Parent Signature _____

Work Phone () _____ Cell Phone () _____

Fax () _____ Email _____

Billing information

Name _____

Address _____

City _____ Zip Code _____

Home Phone () _____ Who does child live with? _____

Who should be contacted in case of
 Emergency? **OTHER THAN THE PARENTS!** _____ Phone () _____

_____ Phone () _____

_____ Phone () _____

Office use only: Date: _____ Enrollment Amount: _____ Check # _____ Initials _____

McKay: _____ Tuition Amount: _____ Cash _____

Step Up for Students: _____ Total Amount Tendered: _____

**OLDSMAR CHRISTIAN SCHOOL
APPLICATION FOR ENROLLMENT**

PLEASE PRINT CLEARLY
School Year _____ **Date** _____

I swear that the information below is complete, true, and accurate to the best of my abilities.

STUDENTS _____ **GRADE TO ENTER** _____ **SOCIAL SECURITY #** _____

Name _____
(Last Name) (First Name) (Middle Name)

Address _____ Home Phone () _____

_____ Date of Birth _____
_____ Age _____ Sex: _____ Race: _____

EMAIL _____ ALT. EMAIL _____

School Last Attended _____ School's Phone # () _____

School's Address _____

LIVES WITH _____ RELATIONSHIP _____

FATHER'S NAME _____ EMPLOYER _____

BUSINESS PHONE () _____ POSITION _____

MOTHER'S NAME _____ EMPLOYER _____

BUSINESS PHONE () _____ POSITION _____

MARITAL STATUS: MARRIED _____ DIVORCED _____ WIDOWED _____ SEPARATED _____

Children of school age not applying to Oldsmar Christian School

NAME _____ GRADE OR AGE _____

NAME _____ GRADE OR AGE _____

NAME _____ GRADE OR AGE _____

REASON FOR NOT ENROLLING _____

MEDICAL INFORMATION

CHILD'S PHYSICIAN _____ PHONE () _____

CHILD'S DENTIST _____ PHONE () _____

CHILD'S HOSPITAL PREFERENCE _____ PHONE () _____

Does child have any physical disabilities or allergies? If so please explain. _____

Is child on daily medication? yes no If so what medication? _____

Is child current on immunizations? yes no 6th grade scoliosis test? yes no

Does child's previous school have a "Certificate of Immunization" (HRS 880-Part A) for on file. yes no

If not, or if the child is entering kindergarten, this form is required by law and can be obtained from the child's doctor.

RELIGIOUS INFORMATION

Church affiliation _____ Do you attend regularly? _____

Church address _____

Pastor _____ Church phone () _____

Father a Christian? yes no Mother a Christian? yes no

Has applicant ever made a profession of faith? yes no When? _____

SCHOLASTIC INFORMATION

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

YES NO

If yes please explain:

Has child ever been in trouble with the law, arrested. etc.?

YES NO

If yes explain:

Has child ever had any disciplinary difficulties?

YES NO

If yes explain:

Has child ever used alcohol, tobacco, drugs or abusive substances of any kind?

YES NO

If yes explain:

Please indicate academic level of pupil's previous work:

Excellent (A's & B's) _____

Good (B's & C's) _____

Average (Mostly C's) _____

Poor (D's & F's) _____

Is child working on grade level?

YES NO

If not please explain:

Has child ever failed a grade in school?

YES NO

If not please explain:

Does child have learning disabilities or been diagnosed by a physician with; ADD, ADHD, or emotional problems?

YES NO If yes please explain:

If child has some sort of learning problem what has been done in the classroom to help with the problem?

Please explain:

GENERAL INFORMATION

How did you hear about Oldsmar Christian School?

Reason for selecting Oldsmar Christian School?

Reason for withdrawing from previous school?

If the applicant has had discipline or drug related problems in previous schools and the behavior shows no evidence being corrected the applicant cannot be accepted for enrollment, Evidence of drug usage while enrolled at Oldsmar Christian School will be grounds for immediate dismissal.

The application must be filled out completely before it can be processed. The enrollment fee must accompany this application. **All fees and tuitions are nonrefundable.** An interview with the parent(s) and the child will be required before final acceptance.

I have read all the information materials, and I agree to insist that my child submit to its program academic and disciplinary regulations, and all other requirements instituted by the administration and carried out by the principal and faculty. Also all information on this application is complete and accurate.

DATE: _____

SIGNATURE OF FATHER OR GUARDIAN _____

SIGNATURE OF MOTHER OR GUARDIAN _____

OLDSMAR CHRISTIAN SCHOOL - STATEMENT OF COOPERATION

I give my child permission to take part in all Oldsmar Christian School activities including bus trips, sports activities, and school-sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I further agree to hold the school and its agents harmless for any liability to my child and any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Oldsmar Christian School or any employee or agent, thereof, on my child's behalf and the school or its agent not found at fault, I agree to pay any attorney's fees, damages or other costs that Oldsmar Christian School or its agent should incur to defend itself against such action.

We must insist on complete honesty from the parents regarding their child's behavior and academics, both present and past. It is important that we have 100% cooperation from the parents. We do not expect our students to be involved with drugs, smoking, alcohol, promiscuous behavior, or activities that are contrary to the Word of God. We believe that success comes through total parental support and working with the school closely to bring about the desired result for their children. It will be necessary for you to withdraw your child, if any of the above problems occur.

OLDSMAR CHRISTIAN SCHOOL - DOCTRINAL STATEMENT

We believe in the Scriptures of the Old and New Testaments as verbally inspired of God, and inerrant in original writings, and that they are of supreme and final authority in faith and life.

We believe in the one God, eternally existing in three persons, Father, Son, and Holy Spirit.

We believe that Jesus Christ was begotten by the Holy Spirit, and born of the Virgin Mary, and is true God and true man.

We believe that man was created in the image of God that he sinned and thereby incurred not only physical death but also spiritual death, which is separation from God, and that all human beings are born with a sinful nature, and, are sinners in thought, word and deed.

We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven and in His present life there for us, as High Priest and Advocate.

We believe in the local church, which was established by Jesus Christ. The entrance into the church is based on a public profession of faith in Jesus Christ as Lord and water baptism by immersion.

We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting, conscious punishment of the lost.

We have read the above and give our permission to the school to teach this doctrine to our child.

DATE: _____ PRINT NAME OF FATHER _____

SIGNATURE OF FATHER _____

DATE: _____ PRINT NAME OF MOTHER _____

SIGNATURE OF MOTHER _____



First Baptist Church of Oldsmar Oldsmar Christian School

650 Burbank Road, Oldsmar, FL 34677

Phone: (813) 855-5746 fax: (813) 855-4476

Bro. Eddie Preston, Pastor & Principal

Dear Parents,

We have in place a plan for off-site evacuation in the event of an emergency. If any of the following emergency situations should occur; such as a fire, bomb threats, toxic fumes, chemical release, ordered evacuation, etc., the students will be transported by school vehicles or if necessary private vehicles to the Oldsmar Library at 400 St. Petersburg Dr., Oldsmar, FL 34677.

We will need for you to sign this consent form giving us permission to transport your child to the safe location we have selected in case of an emergency. The teacher will have a list of their students and your emergency contact number. You will be called to collect your child as soon as they have reached a safe location. This permission slip will be kept in your child's folder.

I give permission for _____ to be transported by school vehicles or if necessary private vehicles to the safe place selected by Oldsmar Christian School in the event of an emergency evacuation of the school. I will not hold Oldsmar Christian School, nor The First Baptist Church of Oldsmar, nor any staff responsible should an accident or injury arise from the process of relocating to a safe location, although, I do expect proper supervision at all times.

Date _____ Parent Signature _____



EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone () _____ Cell Telephone() _____ Work Telephone () _____

Home Telephone () _____ Cell Telephone() _____ Work Telephone () _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone () _____ Cell Telephone () _____ Work Telephone () _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

Signed: _____
(Signature of Notary)

SEAL OF NOTARY

OTHER ITEMS THAT MAY ALSO BE NEEDED.

K-4 AND K-5

FLORIDA DEPT. OF HEALTH - FLORIDA CERTIFICATION OF IMMUNIZATION - FORM# DH 680 (BLUE)

FLORIDA DEPT. OF HEALTH - SCHOOL ENTRY HEALTH EXAM - FORM# DH 3040 (YELLOW)

BIRTH CERTIFICATE

SOCIAL SECURITY NUMBER

6TH GRADE

SCOLIOSIS TEST AND PHYSICAL EXAM

7TH GRADE

UPDATED IMMUNIZATIONS/HEPATITIS B

UPDATED PHYSICAL FOR 7TH GRADE

SPORTS

SPORTS PHYSICALS

FIRST TIME STUDENT

A BIRTH CERTIFICATE IS REQUIRED

ALL STUDENTS

AN UPDATED PHYSICAL