



First Baptist Church of Oldsmar

Oldsmar Christian School

650 Burbank Road, Oldsmar, FL 34677

Phone: (813)855-4475 & (813)855-5746

2025-2026 Fee Schedule

Tuition & Enrollment:

<u>Enrollment:</u>	Before May 31 st :	\$600
	After May 31 st :	\$700
	Pre-K Enrollment	\$100

<u>Tuition:</u>	Pre-K:	\$600 monthly	\$6,000 annually (August to May)
	Pre-K:	\$600 monthly	\$1,200 Summer Tuition (June & July)
	Elementary (K - 5 th)	\$810 monthly	\$8,100 annually (August to May)
	Middle/High School	\$850 monthly	\$8,500 annually (August to May)

Discounts:

- Each additional registered sibling will receive \$100 off annually.
- (Discounts do not apply to Pre-K tuition or enrollment)

Other Services:

<u>After School Care:</u>	3:30 to 4:00 p.m.=	\$8.00 per child, per day
	4:00 to 5:30 p.m.=	\$15.00 per child, per day

(Value Rate: \$150 per child, per month)

Aftercare closes at 5:30 p.m.

After 5:30 p.m. = There is an additional \$5 late fee per child, per day

Additional Fees:

Florida Virtual Additional Courses: \$375.00 per course. (semi-annual)

Yearbook: \$55 per book (optional)

PSAT: \$20 (11th grade only)

Grad Fee: \$100 (Seniors only)

Locker rental: \$20 annually

Additional charges may be incurred for overages not covered by scholarships, lost or destroyed books (fee varies by book), and field trips (the fee varies by field trip). School and P.E. uniforms are required.

OLDSMAR CHRISTIAN SCHOOL

REGISTRATION AND FINANCIAL OBLIGATION FORM FOR SCHOOL YEAR 2025/2026

<u>Enrollment:</u>	Pre-K enrollment = \$100	<u>Tuition:</u>	Pre-K	\$6000 annually: \$600 monthly (Aug - May)
	K-12: before May 31st = \$600		Elementary (K-5th)	\$8,100 annually: \$810 monthly (Aug - May)
	K-12: June 1st = \$700		Middle/High School	\$8,500 annually: \$850 monthly (Aug - May)

The enrollment fee covers the cost of book rental, gym fees, school insurance and technology fees.

Family information:

Father's Name: _____ Mother's Name: _____

Work #: _____ Cell #: _____ Work #: _____ Cell #: _____

Email: _____ Email: _____

Billing Information:

Name: _____

Address: _____

Home/Work #: _____ Cell #: _____ Who does the child live with? _____

Emergency contact: (Other than parent or guardian):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Student Information:

Enrollment date : _____	Start Date: _____
Name: _____	Name: _____
DOB: _____	DOB: _____
Grade: _____	Grade: _____
Tuition : _____	Tuition : _____
Student ID: _____	Student ID: _____
Award Number: _____	Award Number: _____
Award Amount: _____	Award Amount: _____
Parent Responsibility: _____	Parent Responsibility: _____
Total Parent Responsibility: _____	

I understand that payments should be made on the 1st of each month to avoid a late charge on any outstanding balance.

We confirm that we have read the Statement of Cooperation and the Oldsmar Christian School Doctrinal Statement and give permission to teach this doctrine to our child(ren). The school expects 100% cooperation from the parents. Parental support enables student success.

We also give permission to use photographs of our child (children) for legal use, including advertising and web content. We understand no loyalty fee or other compensation is due to us because of such use.

 Father's Signature (or Guardian's Signature) Date Mother's Signature (or Guardian's Signature) Date

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

There is a \$10 discount per month for the 2nd child enrolled, a \$20 discount per month for 3rd child enrolled, etc.
 Books are the property of the school and are returned in acceptable condition each school year.

School hours: 8:30 am to 3:10 pm Monday - Friday.

There are no school-prepared meals for K5; however, kindergarteners may order pizza twice a week. The concession stand is available for 1st-12th.

**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 conditions?

Does child have a 504/IEP plan?

YES NO

If yes please explain: _____

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

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 _____



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Oldsmar Christian School

650 Burbank Road, Oldsmar, FL 34677

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

Lisa Kroll, 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

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

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** _____

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 this _____ 20_____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known to me or has produced _____ as identification.
(Name of Affiant) (Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)

Parent Permission to Dispense Medicine

Student Name _____

School Name _____

Grade _____

Please initial next to each medication that you are giving permission to dispense.

___ Triple Antibiotic ointment or spray

___ Hydrocortisone cream

___ Ibuprofen

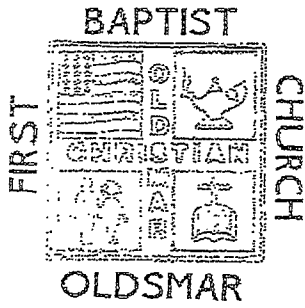
___ Acetaminophen

___ Antacid

The medications initialed above may be given to my student. I understand that the above may be limited to once per week.

Signature of Parent or

Guardian _____ date _____



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FOOD PERMISSION FORM

I give permission for my child _____ to
participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she
may participate, but may not eat or handle the following items: (list below)

_____ My child DOES have a food allergy or dietary restriction. He or she
may NOT participate in any food activities.

Parent Signature: _____ Date: _____

OTHER ITEMS THAT MAY ALSO BE NEEDED.

ALL STUDENTS

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/ Tdap

UPDATED PHYSICAL FOR 7TH GRADE

SPORTS

SPORTS PHYSICALS

ALL STUDENTS

AN UPDATED PHYSICAL