

# Barbara's Kitchen School of Excellence Student Enrollment Packet

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Preparing Today  
For a Better Tomorrow

17050 N Hwy 301  
Unit 2  
Citra, FL 32113

Phone: 352-595-1346    E-Mail: barbskschool@gmail.com  
Fax: 352-595-1342

Principal: Barbara Fleming

Student Counselor: Omega Hagan

Business Manager: Rhonda Evans

**N/A FOR ALL THAT DO NOT APPLY**

**Enrollment Date** \_\_\_\_\_

**Student Name :** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**Ethnicity**

\_\_\_ African American  
\_\_\_ Alaskan Native  
\_\_\_ American Indian

\_\_\_ Asian  
\_\_\_ Biracial  
\_\_\_ Caucasian

\_\_\_ Hawaiian  
\_\_\_ Hispanic  
\_\_\_ Pacific Islander

**Parent/Guardian Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent Phone Number** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent Phone Number** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

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## Previous Education Information:

Name of School

Grade Level Completed:

_____	_____
_____	_____
_____	_____

Reason for leaving Last School:

\_\_\_\_\_

\_\_\_\_\_

## Health Information

Does your child wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_

List of Allergies: \_\_\_\_\_

### Disability Category

- Autism (includes Asperger's Syndrome)
- Cognitive Disability, Intellectual Disability
- Deafness
- Deaf-blindness
- ED - Emotional Disturbance
- Hearing Impairment (other than deafness)
- Multiple Disabilities ("which cause severe educational needs" IDEA, 2004)
- Orthopedic Impairment (Cerebral Palsy, amputation, polio, severe fractures or burns)
- Speech or Language Impairment (communication disorders such as stuttering)
- SLD - Specific Learning Disability (includes dyslexia and non-traumatic brain injury)
- TBI - Traumatic Brain Injury (caused by external physical force)
- Visual Impairment Including Blindness
- OHI - Other Health Impairment (ADD/ADHD, asthma, diabetes, epilepsy, health conditions)
- Other Physiological, Psychological, or Mental Disability, (please describe) \_\_\_\_\_

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## Discipline

Barbara's Kitchen School of Excellence is a private Christian school. We operate under the guidance provided to us by the Bible. We believe that teachers, students, and guardians should treat each other with the respect that they deserve. Any student who is a constant disciplinary problem may be **expelled** if the problem becomes excessive. In some cases, law enforcement may become involved.

**Reasons for Expulsion:** Poor Behavior (Fighting, Cursing, Bullying, Weapons, Drugs, and Gang Affiliation)  
Poor Grades (Student has failed to maintain academic integrity)

\_\_\_\_\_ I understand that B. K. S. E. may expel applicant student if they fail to maintain behavior suitable for the school.

## Tuition and Payment

**Tuition:** The cost of tuition for attending Barbara's Kitchen school of Excellence is **\$5,000 a year plus other expenses**. In order to cover the cost of the tuition B. K. S. E. offers a number of options. **Please select one of the options below for the form of payment for applicant students.**

\_\_\_\_\_ **Scholarship :** Includes all K-12 Scholarship Programs provided through the [Florida Department of Education](#). ([Step Up for Students: FES, FTC, HOPE, AAA Scholarship](#)) Or any other participating scholarship program.

\_\_\_\_\_ **Out of Pocket Payment:** All cash, check, and credit card payments are due on the **1st of every month**. There will be a **10 day grace period before applicant students lose access to coursework and grades.**

**Barbara's Kitchen School of Excellence reserves the right to withhold the release of ALL grades and transcripts until any outstanding balance is paid.**

## PHOTO/MEDIA RELEASE

### PHOTO/NAME RELEASE

*(PARENT/GUARDIAN PLEASE SIGN BELOW IF PARTICIPANT IS UNDER THE AGE OF 18)*

I understand that Barbara's Kitchen School of Excellence can attract attention from the media and that it is used to promote ongoing partnerships between schools, community organizations, and employers. I hereby grant permission to use the applicant student's name and photograph for promotional and educational purposes.

\_\_\_\_\_

## Barbara's Kitchen School of Excellence Student Enrollment Packet

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I hereby certify that I have read and reviewed all the information provided in this application packet. I have provided accurate and legal information concerning the applicant student. I am aware that if any information provided in this application is found to be false or intentionally misleading, it could result in the immediate removal of the applicant student. (**Fines may be included.**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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