Osceola Prep Academy **2025-2026** Registration

The following forms are needed prior to your child's first day of attendance.

Required Documents checklist for registration

- ☐ Step Up Award Letter
- ☐ Copy of Birth Certificate
- ☐ Original Immunization Form (exp. _____)
- ☐ Original Physical Form (exp. _____)
- ☐ Form of Photo Identification
- ☐ Registration Fee $150.00
- ☐ Proof of Residency (Utility bill, etc.)
- ☐ Withdrawal Form with Official Transfer Record
- ☐ Official Transcripts (9-12 grades)
- ☐ IEP or 504 (If applicable)
- ☐ Doctor Evaluations and Diagnostics

All documents must be verified and delivered. The parent signature indicates that they have received the required information above.

_____ _____

Parent/ Legal Guardian Signature Date

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Scholarship:

- ☐ StepUp (FES-EO)
- ☐ StepUp (FES-UA)
- ☐ Private
- ☐ Award Amount $_____

Child Information

Child's Name: _____Grade entering: _____
Child Date of Birth: _____ Birth Place:_____
Child Gender: _____ Child Nationality: _____
Child Address: _____
City: _____ State:_____ Zip Code: _____

The student lives with _____ Both Parents _____ Mother _____ Father _____
Guardian Are there any court documents? □ Yes □ No Copy of any court custody papers & educational decisions. Required for enrollment)

If separated or divorced, who has legal responsibility for the school decisions?
Name/Relationship to student: _____

Previous School Attended _____
Grade Completed_____ Address: _____
City: _____ State: _____ Zip: _____ Phone # of school: _____Fax # of school: _____

Osceola Prep Academy requests previous school records and reserves the right to discuss the student's progress with former teachers and administrators.

Parent's Information:

Father's Full Name (First/ Last) _____
Father's Contact Information: _____
Email: _____

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Mother's Full Name (First/ Last) _____
Mother's Contact Information: _____
Email: _____

Release and Emergency Contact

(other than parents or legal guardian ONLY)

Name: _____
Relation to child: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Cell phone: _____ Wk. phone: _____

Name: _____
Relation to child: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Cell phone: _____ Wk. phone: _____

Child's Health Information

Allergies: _____ Has an EPI Pen been prescribed? _____ What type of reaction does the student experience from this allergy? _____ Please list any chronic/severe illnesses, injuries, surgeries or medical condition:

_____
_____
_____

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_____

_____

_____

_____

What medications does the student currently take?

_____

_____

_____

Child's physician name: _____

Phone #: _____

Hospital preference: _____ Insurance: _____

Policy #_____

Any medication that needs to be given to your child at school must be accompanied by a Doctor's note (Doctor Signature required) with specific dosage directions (including any over the counter medicine). All medication must be within expiration dates. The school WILL NOT be providing any medication without a doctor's note. Medication must be given to the school clinic personnel by parent/guardian. Students are NOT allowed to have medication on them at any time on school property.
_____Initials

Medical Release: Rarely do serious accidents or illness occur at Osceola Prep Academy: but in the event your son/daughter should need medical treatment by the school personnel or any Emergency Medical Personnel (emergency care is coordinated through the local emergency system-911), your signature below will allow and authorize us to provide or secure such treatment without delay. In the event of a serious accident or illness you will be notified as quickly as possible _____ Initials

Photograph/Videotape Release: From time to time Osceola Prep Academy will be taking pictures and/or video of your child to document activities at school. Some of these pictures may be used for promotion and publicity. Please check the following that applies.
□Iconsent □I do NOT consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of mychild's name, both verbally and in print, when used in connection with said

photograph/videotape. It is understood that the photograph/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the Osceola Prep Academy.

□Iconsent □I do NOT consent to the use of the above mentioned photograph(s)/videotape(s) and name of my child for promotional purposes on the internet

Parent Name: ____ Date: _________________
Parent/Guardian Signature: _______________________________

* Osceola Prep Academy admits children of any sex, race, national and ethnic origin to all rights, privileges, programs and activities, which are made available to all children at the school

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(FOR OFFICE USE ONLY)

ALL DOCUMENTS HAS BEEN COMPLETED: _________________________
DATE REGISTRATION WAS SUBMITTED: ___________________________
REGISTRATION FUNDS WERE COLLECTED: _________________________
AMOUNT PAID: _________________ AMOUNT OWED: ________________
NOTES: ____
____
____
____
____
____
STUDENT ACCEPTED: __________ REJECTED: _____________

SIGNATURE OF OFFICE ADMINISTRATION: ___________________________
NAME/ TITLE: __________________________________ DATE: ____________ (SCHOOL OFFICIAL SEAL)