

Registration School Year: _____

2024-2025 Checklist

New Student :

Osceola Prep Academy's sole purpose is to equip all students of the community in the ways of the Lord Jesus Christ by providing a strong biblical, spiritual, academic, social, physical and professional foundation.

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

Entrance Forms:

Required Documents to be able to do registration: Registration Form Student Scholarship Awarded Letter

- ☐ Step Up ***Award Letter***
- ☐ Copy of Birth Certificate
- ☐ Original Immunization Form (exp. _____)
- ☐ Original Physical Form
- ☐ Form of Photo Identification ***Financial Responsibilities:***

☐ ***Private*** ☐ ***OPA*** Registration Fee \$ 250.00

Graduation/ Promotion Fee \$ 350.00

Monthly Tuition \$ 724.00 (private tuition)

Agenda \$ 10.00

- ☐ Proof of Residency (Utility bill, etc.)
- ☐ Withdrawal Form with Official Transfer Record
- ☐ Official Transcripts (9-12 grades)
- ☐ Court Custody papers (If applicable)

McKay and PLSA/Gardiner

- ☐ IEP or 504
- ☐ Doctor Evaluations and Diagnostics
- ☐ ESOL/ELL
- ☐ Parent Social Security

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

Student Name ID'# Dismissal # Grade

_____ Parent Signature

DATE: _____ Office Only:

Administrator Signature once registration is completed.

School Year:

Student ID: _____ Dismissal#: _____ *Scholarship*: McKay ☐ StepUp ☐ Gardiner ☐ Private

Child Information:

Child's Name: _____ Grade entering _____

Address: _____ City: _____ State: _____

Zip: _____

Date of Birth: _____ Birth Place: _____ Gender: _____

M / F

Home Phone: _____ Student SS#: _____

Student Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino * used for statistical reporting to state and accreditation agencies*

Race*: ☐ ☐ ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White

The student live 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: _____

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 Name: _____ **Step Father's**

Name: _____ Cell #: _____

Cell #: _____ Email: _____

Email: _____

SS# _____

SS# _____

Mother's Name: _____ **Step Mother's Name:**

_____ Cell #: _____ Cell

#: _____ Email: _____ Email:

SS# _____ SS# _____

Student Registration Form

202__-202__

Siblings in Osceola Prep Academy:

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

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: _____

DO NOT Release my child to the following person(s): ☐

N/A

Name: _____ Relation to child: _____ May they visit the child? ☐ YES

☐ NO Name: _____ Relation to child: _____ May they visit the child?

☐ YES ☐ NO

Child's Learning Issues: Has the child ever received ELL/ESOL (English as a second language) services? ☐ Yes

☐ No. Does your child speak another language other than English? ☐ Yes ☐ No If yes, what language?

If you came from another country, when did your child begin school in the United States?

_____ Has the child ever received Special Education Services? ☐ Yes ☐ No If yes, please place

an (✓) by the appropriate issue: ☐Language ☐Physical Therapy ☐Specific Learning Disability

☐Occupational Therapy ☐Hearing ☐Vision ☐Speech ☐Gifted ☐Behavior

Other _____

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:

—

—

—

What medications does the student currently take?

—

Only:

3/12 DATE: _____

Office

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**

How did you hear about us?

☐ Friend _____ ☐ Internet ☐ Church ☐ Other

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.

Parent/Student Handbook Compliance: I have reviewed the Parent/Student handbook of Osceola Prep Academy and I agree to the responsibilities, policies and school rules as outlined in the Handbook. **Initial**

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.

☐ **I consent** ☐ **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 my child'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.

☐ **I consent** ☐ **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: _____

Office Only: ID# _____ Dismissal # _____

Parent Partnership Agreement

Osceola Prep Academy is committed to the spiritual welfare and education of the children enrolled. We view our relationship with you and your child as a partnership. Working together we strive to help each child develop his or her potential mentally, physically, and spiritually.

As with any partnership, to be successful, it requires that we each fulfill our respective roles and responsibilities. Therefore, Osceola Prep Academy Board of Directors, Administration, Teachers and Staff pledge – with God’s help to:

- Offer a safe, loving atmosphere for teaching God’s Word and nurturing a faith in Christ.
- Work closely with the home to properly educate each child.
- Provide a Christian-based curriculum of academic excellence while fostering a love for and appreciation of God.
- Provide quality and caring Christian teachers and support staff
- Encourage parents to be faithful in following the guidelines listed below.

Because Christian education includes the teaching a child receives at school, at church, and most importantly, at home, we encourage you to fulfill the following responsibilities:

- Pray for Osceola Prep Academy Center and its educational programs.
- Support the efforts of the faculty by providing trust and respect for the teacher’s authority.
- Support school-sponsored activities and programs with your family’s attendance.
- Encourage your child to take responsibility for their actions and efforts.
- Fulfill your financial commitment to the school in a timely manner.
- Pray regularly for God’s guidance to aid our school and us in this Kingdom’s work.

Together, we can fulfill our mission to “train up each child in the ways of the Lord one step at a time”.

Please sign below to indicate your willingness to do everything within your power and with God’s help to make this partnership work. In the enclosed packet, please review the important information about registration and tuition for the next school year.

Student Name

Grade

Parent's Signature

Date

Office Only: ID# _____ Dismissal # _____ **5/12**

Financial Agreement

I understand my financial responsibilities are as follows:

- _____ Parent of private student(s). I must pay the following fees: registration, curriculum and uniform in full at registration. I understand these fees are **non-refundable** once they have been paid, even if my child does not attend Osceola Prep Academy. **Tuition** may be paid by August 1st in full or in 10 monthly installment payments beginning August 1st. This first payment is **non-refundable and non-transferable**. If my child does not attend Osceola Prep Academy or withdraws during the school year, I will be responsible for all fees and tuition accrued through the month in which I withdraw my child.

- _____ Private Tuitions; I agree to pay Osceola Prep Academy the amount of \$ _____ for a period of _____ months. Monthly payments are \$ _____. All payments due the 1st day of the month. I agree to pay all of our financial obligations to Osceola Prep Academy on or before the due date. **A late fee of \$25 will be applied when accounts are not paid by the 3rd of the month.** If the 3rd falls on a weekend, please pay by the Friday before that weekend. **Payments may be made with cash, money orders, debit or credit card and checks.** If any check is returned for "Insufficient Funds" or other reasons, a fee of \$30 is charged to the account. If the bank returns two checks, the account will be placed on a "cash only" basis.

- _____ **Students with awarded letters:** School Choice Scholarships combined with the Osceola Prep Academy Scholarship will be covering the fees for the curriculum, tuition, uniforms, sports, fieldtrip and lab fee. If the **student withdraws early during the school year**, I will have **to pay a \$100.00 fee** at the time of withdrawal, along with the **registration, curriculum, uniforms and school supplies fees.**

Student Scholarship: Step Up **McKay PLSA/Gardiner**

- _____ **Scholarship student:** The total of Osceola Prep Academy annual tuition and fees are \$ _____ for a period of _____ months with a monthly payments on the

amount of \$ _____. The total grant amount given to the student by the State is \$ _____. The remaining balance on the amount of \$ _____ that **is not covered** by the main government scholarship will be covered by the **grant from** Osceola Prep Academy based on the funds available at the time.

• _____ I agree to sign the scholarship checks as soon they arrive to Osceola Prep Academy quarterly, for the amount of \$ _____, for the school year. If the student is withdrawn before the school year ends, I will be responsible to sign the last check the school receives after the student is withdrawn and responsible for the fees mentioned above.

Student Name Parent Signature Date

6/12

\$ 0.00

10 \$ 0.00

7,240.00 724.00 6,519.00 721.00 1,629.75

AAA OPA

10

Office Only:

ID# _____ Dismissal # _____

Osceola Prep Academy **SCHOLARSHIP AWARD LETTER**

Dear parent/guardian,

Congratulations!

We are pleased to inform you that the Osceola Prep Academy Scholarship for the _____ 2020-2021

The school year has been awarded to the students listed below.

This scholarship will allow you to cover any debt remaining in balance of the enrollment fees from the Osceola Prep Academy. This scholarship will be active during this school year as funds permit, otherwise we will notify you in advance and in writing if your scholarship expires. Information regarding the application can/may be requested at any time from the Visitor Center.

Student's Name:

_____ School
Year _____, 202_-202_

Grade Level: _____

Student Identifier: _____ **Dismissal:**

Award Date: _____

Student School Choice Scholarship: ____ Step UP ____ McKay ____ PLSA /

Gardiner

AAA OPA

The balance that fails to cover the school choice scholarship will determine the OPA scholarship award amount, therefore the amount awarded by OPA to your child in this scholarship is \$_____.

721.00

The effective date of the grant and its value will be determined as follows: approval of the Principal and the Director of Administration of Osceola Prep Academy and / or based on the funds available at the time.

Signature Date _____ Parent

Principal Signature Director of Administration Signature

Office Only: 7/12

ID# _____ Dismissal # _____

School Lunch

Osceola Prep Academy will have lunch available from the OPA DELI for an additional cost. Alternatively, parents will have the choice of providing their child with a nutritional lunch or paying for the school service. You are also responsible for providing a daily snack for each student. We ask that for the safety of our staff and other students, DO NOT send foods that contain PEANUTS OR SEAFOODS at any time.

Osceola Prep Academy provides microwaves to heat up a student's food. We DO NOT provide refrigeration services. We ask that you send

foods that are fully cooked and only need the use of a microwave. We also ask that you DO NOT send any liquids that need refrigeration.

Please provide your child with a healthy lunch meal from home or you can order from the OPADeli.

Initials: _____ I agree to follow the guidelines indicated above.

Office Only: ID# _____

Dismissal ^{8/12}

After Care Sign Up

Student Name: _____ Grade: _____

Dismissal# _____ ID# _____

After School Care is available from **3:20 p.m. - 5:00 p.m.** for a weekly cost

of **\$65.00**. Please select your need for after care.

☐ All

week

☐ **Alternates Days**. Parents will notify the days a week in advance.

☐ N/A I do not need after school care.

Please note that a late pick up fee of **\$10.00** will be charged if your child is picked up after 6:00pm.

Parent's Name

Parent's Signature Date

Office Only: ID# _____ Dismissal # _____

9/12

Authorization Form for Car Riders, Bus Transportation and Walkers

Student Name: _____ Grade: _____ Dismissal # _____

Address: _____

Contact Person: _____ Relationship to Student: _____

Phone Number: _____ Alternate

Phone#: _____

I, _____, give permission to my child:
Parent / Guardian

☐ to be a Car Rider or **Non** OPA Bus Transportation (with PARENTS or EMERGENCY contacts)

☐ to be a Walker for the _____ school year. I accept full responsibility for this decision.

Persons authorized to pick up my child (***you must bring a copy of ID of each person***) are:

Name: _____ Relation: _____ Phone: _____

Car Info: Make: _____ Model: _____

Tag#: _____

Name: _____ Relation: _____ Phone: _____

Car Info: Make: _____ Model: _____

Tag#: _____

Name: _____ Relation: _____ Phone: _____

Car Info: Make: _____ Model: _____

Tag#: _____

Name: _____ Relation: _____ Phone: _____

Car Info: Make: _____ Model: _____

Tag#: _____

I understand that by signing this document I am authorizing Osceola Prep Academy to release my child/children to the individual(s) listed above. I also understand that the individual(s) must be an adult of 18 years or older.

Parent / Guardian Signature Date

Office Only:

ID# _____ Dismissal # _____

10/12

2020-2021

Transfer Record Form

From: Osceola Prep Academy
Center

Date: _____ Number of Pages: _____

Attention (Prior School):

Phone Number: _____ Fax Number:

Student Name: _____ Grade: _____ D.O.B.: _____

Parent / Guardian Name: _____ Phone#: _____

Please send the following documents / information as
checked:

Official Transcript (with grading
scale)

Withdrawal Form and School
Records

Final Report
Card

Discipline
records

Psychological and Exceptional Education Information (IEP) or

504

Copy of birth
certificate

Copy of Original Physical and Immunization
Forms

All tests. *Please send copies of any state assessments the student may have taken at your school.*

ESOL / ELL Documentation

Comments

:

Parent Signature Date

Only:

11/12

Office

Admission School Year :

2020-2021

Process

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.

Admission Process at Osceola Prep Academy

The following documents are *REQUIRED* for student enrollment. Your child *CANNOT BE ENROLLED* without *ALL* of the following information:

Completed Admission Forms

Provide any prior school records (*Withdrawn Form*) and last Report Card

Official Transcripts are required for students from 9-12 grades before registration is completed.

Payment of registration fees and tuition for each student and /or scholarship awarded letter

Copy of Birth Certificate

Current Immunization Records (*Originals*) obtain form your child physician or Health Department

Physical Examination Form (*Originals*)

Proof of Residency (*water bill, electric bill, phone bill, etc.*)

Parent/ Guardian Photo ID

Copy of your child's *Special Education Records* (if applicable for students with McKay / Gardiner / PLSA)

Dateline: _____

Because the student teacher ratio is important at Osceola Prep Academy, **class size is limited**. For this reason, we allow our current families priority registration each year. After priority, Re-enrollment is complete; applications are accepted on a first-come, first-served basis.

Enrollment Age at Osceola Prep Academy, ***guidelines are as follows:*** **KINDERGARTEN** –

Children entering Kindergarten must be 5 years old on or before September 1st of the current school year.

FIRST GRADE – Children entering First Grade must be 6 years old on or before September 1st, or have documentation of Kindergarten completion from an accredited school. **SECOND**

GRADE-TWELVE GRADE – Children entering Second Grade through Twelfth Grade must have documentation of previous grade completion from an accredited school. DATE:

Tania Salgado

Office Only: ID# _____ Dismissal # _____ **12/12** Assisted By: