



A Seventh Day Adventist Christian K-8 School

WELCOME BACK PACKET (Returning Students)

As the Enrollment process has changed, this packet of information guides you through the rest of the new procedures and helps identify any missing information in your child's file that should be submitted to the school.

2022-23



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

COMPLETING YOUR 2022-23 ENROLLMENT

Dear Parents,

We are so excited to welcome our new student(s) to this school year full of wonder and expectations! However, some administrative paper-pushing remains to be done.



- **STEP-UP SCHOLARSHIP APPLICANTS:** You are responsible for Registration Fees and monthly tuition payments until the scholarship is awarded. Please check emails and application status daily at www.stepupforstudents.org/Logins. Call them immediately if you have any questions. Likewise, respond to them immediately when they ask for another piece of information. Otherwise, your application goes to the bottom of the list before they review it again!
- **FULL UNIFORM** is required daily and to any school event, unless otherwise instructed. Unacceptable attire requires the parent to bring proper clothing or take the student home. The student is required to dress out in full exercise attire on (PE) Physical Education class days. The PE grade is affected by dressing out and participation.
- **FINALIZE 2022-23 ENROLLMENT** by Thursday, May 26th by returning the items marked in the attached checklist.
- **PARENT NIGHT on Thursday, SEPT 1st.** It begins at **5:30pm** with a light supper and supervised activities provided for your entire family. Parental attendance at the meeting is required and begins promptly at 5:30pm.
- **TUITION** is due on the first day of class in August and on the 1st of each month thereafter through May. Check or money order payments must be inserted into the grey metal drop box in the office.
- **SCHOLARSHIP RECIPIENTS** must come in to sign their child's quarterly tuition checks as soon as they are notified. The Treasurer must deposit all checks together promptly.

So much happens behind the scenes -- Our school website should become your first stop for valuable updated information and check ClassDojo regularly. Thank you for entrusting your children under our care and guidance. God bless you and your family in all your endeavors.

Andrea Bennett-Graham

Registrar



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

2022-23 ENROLLMENT CHECKLIST

for _____
(student name)

PLEASE RETURN CHECKMARKED ITEMS BELOW.

(Health Exam and Immunization school records are inspected by the County each September.)

ALL STUDENTS, please complete and return the following:

Office use:

- | | | |
|--|------------------------------|-------|
| <input type="checkbox"/> UPDATED STUDENT HEALTH EXAM | DUE BY AUG 31 st | _____ |
| <input type="checkbox"/> UPDATED IMMUNIZATION RECORD | DUE BY AUG 31 st | _____ |
| <input type="checkbox"/> MEDICAL CONSENT FORM | Notarized + copy of Ins card | _____ |
| <input type="checkbox"/> PARTNERSHIP CONTRACT | | _____ |
| ▪ Student Handbook Policy Agreement (<u>read Student Handbook first.</u>) | | _____ |
| ▪ Volunteer Commitment | | _____ |
| ▪ Trip Consent | | _____ |
| ▪ Media Picture Consent | | _____ |
| ▪ No Gossip Policy | | _____ |
| ▪ Bullying/Harassment Discussion & Contract Policy | | _____ |
| <input type="checkbox"/> FINANCIAL CONTRACT | | _____ |
| <input type="checkbox"/> \$100 Registration Fee | DUE BY May 2 nd | _____ |
| <i>(By request, families with multiple students or hardships may deposit \$100 and pay the balance over 3 months, Sept-Nov.)</i> | | |
| <input type="checkbox"/> AUGUST TUITION | DUE BY AUG 10 th | _____ |



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

CONSENT for MEDICATION and Emergency Treatment

Signatures on this document must be NOTARIZED

Parent/Guardian's Name: _____

Instructions: Please *SIGN, NOTARIZE, and RETURN* this consent to **Living Springs Academy** (herein referred to as **LSA**). This will help reduce delay when seeking treatment for your child.

Consent for Medication

I/We, the undersigned Parent/Guardian guardian(s) of *(student name)* _____, understand that **LSA** designated personnel may administer over-the-counter (OTC) medications (e.g. Tylenol, Advil, Sudafed) or other as prescribed to my child as per standing orders.

These are ALL prescribed or OTC medications and/or medical devices (e.g. inhalers) my child uses:

- _____
- _____
- _____

Consent for Emergency Medical Treatment

In the event of an accident or illness, I/we, the undersigned Parent/Guardian guardian(s) of *(student name)* _____, do hereby consent and authorize **LSA** staff to use its discretion to engage a licensed physician for surgical diagnosis, treatment, and/or hospital service, which may be required by said minor. This consent gives **LSA** or the physician the right to exercise their best judgment as to the immediate medical requirements of such diagnosis or treatment.

The undersigned agree to indemnify and save harmless **LSA** for any and all claims, expenses, or other forms of liabilities incurred by reason of action taken in procuring medical services for said minor. It is further understood that this consent is given in advance of any specific diagnosis, treatment, or need which *may* be required prior to being notified. This consent shall remain in effect until revoked in writing and delivered to **LSA**.

I give my permission to the above as follows:

- Please check ONE (1):**
- I/We give consent **WITHOUT RESTRICTIONS.**
 - I/We give consent **WITH THE FOLLOWING RESTRICTIONS:**
 - I/We **DO NOT** give consent to the above.

Name of legally/financially responsible person(s) for student's medical needs: _____

Phone of legally/financially responsible person(s) for student's medical needs: _____

Insurance Company Name _____ **Phone#** _____ **Fax#** _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Please attach a copy of BOTH sides of the Insurance Card.

Notary Area for Parent/Guardian signature:

(Seal)

This instrument was acknowledged before me on: _____ by:

who is personally known to me

whose identity I proved on the basis of: _____

(Notary Signature)



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

PARTNERSHIP CONTRACT

Welcome to LIVING SPRINGS ACADEMY. Everyone at LSA works hard toward our goal of providing a safe and caring environment for all students.

Purpose of this Partnership Contract is to define the responsibilities of the school, the students, and the parents. It is not intended to replace the Student Handbook, but rather emphasize it. The ultimate purpose of the Student Handbook is to provide a concise statement of the basic policies, procedures, and philosophy of Living Springs Academy. Commitment to these policies and procedures is EXPECTED from students, parents, and staff and enables the school to run in a harmonious way.

As SCHOOL STAFF, we agree to:

- Maintain a welcoming and safe learning environment;
- Be good role models, maintaining a personal relationship with Jesus Christ;
- Remain competent and current in subjects taught;
- Foster high standards of academic achievement and behavior;
- Be available to explain or answer questions;
- Lead a student to a knowledge of God;
- Listen carefully to your child's perception of an event;
- Practice the necessary language skills for conflict resolution
- Provide loving, redemptive and corrective measures when disciplining children;
- Encourage parent/guardian involvement;
- Maintain an effective two-way communication channel between all parties;
- Be fair and consistent within the content of the Student Handbook.

As PARENTS/GUARDIANS of successful students, you are expected to:

- Provide your child with nourishing meals at home and for school;
- Provide a quiet place for your child to study and make sure your child completes the homework;
- Regulate TV and other passive activity time and establish an adequate bedtime;
- Communicate with the teacher when the child is struggling;
- Get your child to school between 7:45 and 8:00 each weekday morning;
- Pick up your child Mon-Thurs at 3:00pm, Fridays at 1pm, and Early Dismissal days at 11:30am;
- Ensure all persons picking up your child are pre-authorized and SIGNS THEM OUT.
- Provide the school with a satisfactory reason for tardiness or absences and ensure missed work is done;
- Pay your child's tuition on time each month;
- Get Involved in school activities and occasionally help with special needs
- Refer to the Student Handbook to work in harmony as a team in the upbringing of your child.

As PARENTS/GUARDIANS of successful students, you are highly recommended to:

- Encourage your child to read aloud;
- Regularly eat a meal together;
- Monitor passive activity time, encouraging your child to engage in reading/math educational games;
- Attend school and church functions with your child in order for them to experience a healthy student life.



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

PARTNERSHIP CONTRACT (cont'd)

We expect each STUDENT to:

- Have a positive attitude towards others, school and learning;
- Come to class prepared;
- Be cooperative and obedient;
- Ask your teacher questions when you don't understand something;
- Work as hard as you can to complete all school assignments;
- Share with your family your school experiences;
- Abide by the rules and regulations set forth in the Student Handbook as long as you are a student.

Believe in yourself; that you can learn, and that God is with you always.

Parent's Emergency Contact Information:

Parent's Name: _____ Phone: _____

Parent's Email: _____

Emergency Contact Name: _____ Phone: _____

Consents and Signatures: (Please initial or check mark each action agreed to)

_____ We, the undersigned parent and student, understand what is expected of us and AGREE TO ABIDE BY the rules in the STUDENT HANDBOOK throughout the enrollment of our child(ren).

_____ I, the undersigned parent/guardian, UNDERSTAND THAT OUR FAMILY INVOLVEMENT IS NECESSARY in the upkeep of Living Springs Academy, as well as in my child's daily student life.

Signature of Parent _____ Date _____

Signature of Student _____ Date _____

Signature of Teacher _____ Date _____



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

FINANCIAL CONTRACT 2022-23

Registration and other Fees:

A pre-paid student Registration Fee secures a seat for your child. This student **Registration Fee remains at \$100 per student** and includes, but is not limited to: Liability Insurance, Achievement Testing, Technology Fee, Library Fee, Workbooks & Instructional Supplies. Scholarship students will be refunded after the first scholarship payment.

Annual Tuition:

The annual tuition is \$6,750 and is based on an annual amount, which is divided into ten equal payments. You may pay the entire amount at the beginning of the school year or in 10 monthly payments by the 10th of each month, August 10th through May 10th. If the 10th falls on the weekend, then payment is due the previous Friday. See next page for scholarship and aid programs. We can help you set up automated payments.

Payment / Late Fees / Non-Payment:

If parents experience a situation in which they cannot meet their financial responsibility to the school, they should contact the Principal, the Treasurer, or the Chairperson **before** the account becomes delinquent.

Tuition payments may only be placed in the lock-box located in the office. Tuition payments are due by the 10th of each month. If payment is not received by the 10th of the month, a delinquent statement will be sent with a \$25 delinquent fee and a due date of the 22nd of the month. If payment is not received by the 22nd, the Principal will contact the parent to arrange for a payment date. If payment is still not received by that date, the parent(s) will be called before the School Board to answer why the contract between the parent(s) and the school should not be terminated.

Withdrawal Policy

A written 30-day notification from the parent/guardian is required to withdraw a student from Living Springs Academy. The parent is responsible for all tuition and fees incurred during the month that the student attends.



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

FINANCIAL CONTRACT - TUITION WORKSHEET

Step Up For Students Scholarships – This program is available for all Florida students whose family meets certain income levels and for students who attended public school during the entire previous school year.

Church Subsidy Credit – This program is available to all families who consistently support, attend, and are members of a Seventh-day Adventist Church. Students must attend all scheduled school events and extra-curricular programs. Family members are strongly encouraged to volunteer at the school.

Worthy Student Church Aid – This program is available by application to families who consistently support and attend High Springs Seventh-day Adventist Church and have proven to be in need of financial help.

Conference Employee Subsidy Credit – The Florida Conference provides for subsidy funding for it's employees' child(ren) who attend SDA schools.

Student Name	Tuition	-Subsidy	-Aid	-Scholarship	= BALANCE
_____	_____	_____	_____	_____	= _____
_____	_____	_____	_____	_____	= _____
_____	_____	_____	_____	_____	= _____

Monthly Amount Due from Parent/Guardian: \$ _____ Method of Payment: _____

If other than parent, payment will be received from:

I have read and agree with the terms and conditions set forth in this Financial Contract. I agree to fulfill my financial obligation toward the tuition of my child.

Parent Signature

Principal Signature

Treasurer Signature

Date

Date

Date



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

NO GOSSIP POLICY

In the classroom, gossip is an activity that can drain, distract and ruin the learning experience. We all have participated in this, yet most of us say we don't like it. In order to create a more Christ-like environment, we at Living Springs Academy are making a commitment to change our atmosphere to be gossip free.

gossip n. – casual or unconstrained conversation or reports about other people, typically involving details that are not confirmed as being true.

- Gossip is something you choose to do.
- Gossip always involves a person who is not present.
- Unwelcomed and negative gossip involves criticizing another person
- Gossip often hurts or injures another person's reputation.

The names signed below agree to the following:

In order to have a more Christ-centered and gossip free classroom/school, I will:

1. Not speak *or insinuate* another person's name when that person is not present unless it is to compliment or reference regarding school matters.
2. Refuse to participate when another person mentions a person who is not present in a negative light. I will change the subject or tell them I have agreed not to talk about others.
3. If I see or hear something that is damaging information about someone else, I will inform the teacher immediately.
4. If I fail to adhere to this policy: 1) I will have a warning after the 1st offense, 2) I will be written up and parents will be informed after the 2nd offense, 3) I will be written up and suspended (for up to 3 days) after the 3rd offense. If I fail to comply, and there is a 4th offense, the School Board Members will be notified to determine of necessary expulsion.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Administrator's Signature _____

Date _____



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

BULLYING/HARASSMENT DISCUSSION & CONTRACT

Student Name _____ **Date** _____

Grade _____ **Administrator** _____

Bullying is a repeated behavior that is deliberate or done on purpose. These behaviors include physical acts, verbal or written communication and/or threats, or anything sent electronically by telephone, cell phone, computer, etc. that occur on school property, at school events/activities, or on the school bus.

_____ I understand that I will be made aware of the violation.

_____ I will be instructed about the possible consequences of bullying other students.

_____ I understand that reacting or getting even will NOT be tolerated as a result of discussion/contract.

_____ I understand if this behavior continues that in-school or out-of-school suspension is a possible outcome.

I have read and understand the above information about bullying.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____ Date _____



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

POWER HOUR – FAMILY VOLUNTEER FORM

Studies have proven that your involvement enhances your child’s success at school AND for life! Each family is expected to help in fundraising activities AND at least 1 of the categories below, as your schedule allows. Thanks for lightening the load to make this the highest quality school year for our kids!

VOLUNTEER 1:

VOLUNTEER 2:

NAME:		
Commit to how much time?	<input type="checkbox"/> 1 hr / week <input type="checkbox"/> 1 hr / month	<input type="checkbox"/> 1 hr / week <input type="checkbox"/> 1 hr / month
Phone #s:	Hm: _____ cell: _____	Hm: _____ cell: _____
E-mail:		
	I check my email: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely I check my texts: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely	I check my email: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely I check my texts: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> rarely

VOLUNTEER1 VOLUNTEER2 Someone from my family will help in at least 1 of the following:

		STUDENT-RELATED HELPERS:
<input type="checkbox"/>	<input type="checkbox"/>	Lunchtime Monitors: (Circle which day of the week): M T W Th
<input type="checkbox"/>	<input type="checkbox"/>	Hot Lunch Friday: Coordinate potluck lunch w/parents. Which month? _____
		BEHIND-THE-SCENE HELPERS:
<input type="checkbox"/>	<input type="checkbox"/>	From-home Clerical: (Reminder calls/texts/emails OR Newsletters OR Picture Gallery)
<input type="checkbox"/>	<input type="checkbox"/>	Field Trip Coordinators: Coordinate w/teachers & parents and make group reservation.
<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Board: Coordinate w/teachers a seasonal display on their board of choice.
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Help: (contact Henry at 423-653-7800 or hernandez.henry@hotmail.com)
<input type="checkbox"/>	<input type="checkbox"/>	Indoor Help: (contact Andrea at 646-206-8538 or andrebennettgraham85@gmail.com)
		ANNUAL EVENT HELPERS:
<input type="checkbox"/>	<input type="checkbox"/>	FALL PICNIC SUNDAY afternoon; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	THANKSGIVING BRUNCH WEEKDAY morning in NOV; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	PAJAMA PARTY WEEKDAY morning in DEC; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	SPRING PICNIC SUNDAY afternoon; date varies year to year.
<input type="checkbox"/>	<input type="checkbox"/>	OUTDOOR ED Week grades K-5 WEEKDAY in NOV.; accompany on day field trip(s).



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

FIELD TRIP CONSENT FORM

In order to minimize problems with trying to collect individualized field trip forms, here is a generic permission slip to approve for **ALL** away-from-school educational trips during the normal school day (8:00 a.m. to 3:00 p.m.). This form of approval would apply to walking, as well as, motorized trips (buses, school vehicle, teacher's vehicles, etc.). Teachers will continue to send home a brief note identifying the date, time, location, and cost of field trips.

I, the undersigned, do hereby grant or deny Living Springs Academy staff and other supervisory adults permission to take my child _____ on short local field trips.

- Deny permission to take my child on local field trips.
- Grant permission to take my child on local field trips.
- I would like to be listed as a chaperone for my child's local field trips.

I do understand that every precaution to ensure my child's safety will be taken. However, in the event of an emergency, I will be contacted at the numbers in my child's school records.

Due to limited transportation, we will *require* for some parent chaperones to attend. Please indicate your availability.

- Yes; I can chaperone all/most of the field trips
- No; I cannot chaperone any of the field trips

*** The end-of-year field trip REQUIRES AN ADULT CHAPERONE FOR EVERY FAMILY that will attend ***

I understand that there will be field trips throughout the year and that my child will be permitted to participate as I have indicated above. I also understand that in order for my child to *participate in the final field trip of the school year*, I **WILL make arrangements to chaperone or have a chaperone** available in order for my child to attend.

Parent's Signature _____

Date _____



A SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL

23901 NW 212th Avenue High Springs FL 32643 (386)454-2777

MEDIA RECORDING CONSENT

For the purpose of educational documentation, students' images are captured for various reasons, such as, yearbooks, printed advertisement, programs, parental knowledge on ClassDojo or private school social media, etc.

- Deny permission to use my child's image at all.

- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Living Springs Academy setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Living Springs Academy or in the larger community. One example of this could be videos in parent educational classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give my unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used without further notifying me.

I do understand that the child's name WILL NOT be used in conjunction with any video or digital images.

Child's Name _____

Parent/Guardian Signature _____

Date _____