

# St. Johns Christian School

## 2019~2020 Enrollment Forms

☐ McKay ☐ BC  
☐ SUFS ☐ DH680  
☐ SP/SJBC ☐ DH3040  
☐ Registration ☐ SSC both  
☐ Records ☐ DL  
☐ Re-Enrollment

**Student's Legal Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Mailing Address if different** \_\_\_\_\_

**Student's Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex:** M \_\_\_\_ F \_\_\_\_

**Place of Birth:** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ American Indian \_\_\_\_ Hawaiian \_\_\_\_ Other  
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**Mother/Legal Guardian** \_\_\_\_\_  
First Last Relationship to Student

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Father/Legal Guardian** \_\_\_\_\_  
First Last Relationship to Student

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Student lives with:** mother father grandparent aunt/uncle legal guardian  
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**Person responsible for all fees** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact** OTHER THAN person listed above.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

I attest that all the information above is true and correct to my knowledge, and I have received a copy of the Family Education Rights and Privacy Act.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

# Student Information – Teacher Form

Legal Name \_\_\_\_\_

Last

First

Middle

Nickname/Preferred Name

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

Street

City

State

Zip Code

Parent/Guardian \_\_\_\_\_

Preferred Communication: CALL or TEXT \_\_\_\_\_ EMAIL \_\_\_\_\_

## SCHOOL INFORMATION

Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

School Name

City, State

Has student ever been retained? \_\_\_\_\_ If yes, at what grade level? \_\_\_\_\_

Has student ever been expelled or suspended from a previous school? \_\_\_\_\_ If yes, please explain:

Does student have any learning disabilities or struggle academically? \_\_\_\_\_ If yes, please explain:

Does student have an IEP? \_\_\_\_\_ If yes, please attach a copy of the report and summarize the results of testing:

## ADDITIONAL INFORMATION

What, if any, special care or accommodation does the student require to attend St. Johns Christian School?

Student's extracurricular interests: \_\_\_\_\_

Is there anything else you would like us to know about your child? (personality, best learning environment, etc.)

In the event of an **emergency**, please list all prescription medications taken daily. \_\_\_\_\_

## DISMISSAL/CHECK-OUT AUTHORIZATION:

My student will be released at the end of the day as: Parent Pickup Walker/Bike Rider Bus Rider

In the event parent/guardian cannot pick up the student from school at the end of the school day the following people may do so WITH proof of Identification via State issued; Drivers License or Identification Card.

Parent/guardian MUST call the school to inform administration prior to pick up.

1. \_\_\_\_\_ Relation to student \_\_\_\_\_

2. \_\_\_\_\_ Relation to Student \_\_\_\_\_

The following people may **not** pick up my student: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## STUDENT MEDICAL INFORMATION

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

DOES YOUR STUDENT HAVE ANY EXISTING MEDICAL CONDITIONS: ASTHMA SEIZURES

ALLERGIES FOOD ALLERGIES FAINTING SPELLS OTHER: \_\_\_\_\_

Symptoms: \_\_\_\_\_

How to respond: \_\_\_\_\_

Does your student require an EpiPen? \_\_\_\_\_ Is one available to keep at school? \_\_\_\_\_

## DISPERSING MEDICATION

**PRESCRIPTION MEDICATION;** SJCS will only administer prescription medication with a doctor's note and instructions. **Parents** must bring the medication **in the original container**, with the student's name and dosage printed on the prescription label.

**OVER THE COUNTER (OTC) MEDICATIONS;** **Parents** must bring the medication **in the original container (unopened)**, with their student's name printed on the box of the OTC medication. The school office will administer certain OTC medications that are listed on the Consents Form **ONLY** if the form has been signed.

### CURRENT MEDICATIONS:

Medication \_\_\_\_\_ Date \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Parent Initials: \_\_\_\_\_

Medication \_\_\_\_\_

Date \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Parent Initials: \_\_\_\_\_

Medication \_\_\_\_\_

Date \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Parent Initial: \_\_\_\_\_

### MEDICATIONS TO BE ADMINISTERED AT SCHOOL:

Medication \_\_\_\_\_

Date \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Parent Initials: \_\_\_\_\_

Medication \_\_\_\_\_

Date \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Parent Initials: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# St. Johns Christian School

## Consent/Permission

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

Date: \_\_\_\_\_

### 1. First Aid & OTC Medications

It is normal within the course of the school year for students to need minor first aid care. Some may result in playing at recess, while others may have a cold or sore throat. For a topical application or an over the counter medication such as Tylenol, the following are supplies we may have on hand.

*Topical first aid supplies include:*

Anti-Itch Cream	Ace Bandages	Antiseptic Spray	Antacids
Aspercreme	Band-Aids	Benadryl cream	Calamine Lotion
Hot & Cold Compress	Neosporin	Orajel	Peroxide
Rubbing Alcohol	Visine eye drops	Lavender Essential Oil	Owie Essential Oil

*OTC Medications include:*

Tylenol      Motrin      Cough Drops

If an item on the list is known to be a source of allergic reaction, please cross it off.

By signing below, I give consent for SJCS to administer first aid or OTC medications listed above to my child as needed.

### 2. Treats & Lunches

My child has permission does not have permission to participate and consume foods brought in by other students for birthday parties and/or special occasions.

My child has the following allergies: \_\_\_\_\_

My child may not eat the following: \_\_\_\_\_

Special note to teacher: \_\_\_\_\_

### 3. Field Trips

I consent to my child going on various field trips throughout the academic year and agree to release and discharge St. Johns Christian School, it's officers, teachers, and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries resulting or occurring during these activities, or in transit to and from said activities, as stated above.

### 4. Media

I consent to allow **St. Johns Christian School** to take photographs or recordings of my child during the course of their school activities. The school has my permission to use such media in their advertising and promotion.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# 2019~2020 Financial Agreement

Date \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

Siblings: \_\_\_\_\_

Base Tuition	\$5,400
Registration	\$ 250
Book Fee	\$ 300
Technology Fee	\$ 150
Testing Fee	\$ 200

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**Total Tuition**            **\$6,300**

Other Fees:

Tutoring per week    \$ 150

\$150 x \_\_\_\_\_ weeks    \$ \_\_\_\_\_

**Non-refundable Application Fee**            \$ \_\_\_\_\_

\$50 for 1<sup>st</sup> child

\$10 each additional

**Tuition** (\$6,300 full year)            \$ \_\_\_\_\_

**Other Fees**            \$ \_\_\_\_\_

**Scholarships** (If Applicable)

McKay State Voucher            -\$ \_\_\_\_\_

FTC Voucher ( \_\_\_\_\_ )            -\$ \_\_\_\_\_

SJBC            -\$ \_\_\_\_\_

**Balance**            \$ \_\_\_\_\_

10% discount if paid in full by 9/1/19            -\$ \_\_\_\_\_

**Final Balance**            \$ \_\_\_\_\_

## Payment Plan

_____	\$ _____	_____	_____
Number of Monthly Payments	Payment Amount	From	To

**Please note: All accounts, including family/sibling accounts attached to this financial agreement, must be paid in full by May 15<sup>th</sup> of the current school year. Reports Cards, Progress Reports and/or records will not be released if account is not up to date or paid in full.**

**By signing below, I agree to the financial obligations as discussed and outlined above.**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date Approved

# St. Johns Christian School

## Hold Harmless Agreement

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, understand that my student's participation and/or involvement in **St. Johns Christian School, daily activities in the classroom or outside on the grounds, field trips on or off campus, and anything relating to sports or the church or school facility** carries with it the potential for certain risks, some of which may not be reasonably foreseeable.

I further acknowledge that these risks could cause my child, or others around him/her, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or distress to others.

By signing this agreement, I agree to release, indemnify, and hold harmless **St. Johns Christian School & St. Johns Baptist Church**, as well as all {their/its} employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my **attendance at St. Johns Christian School, it's events, programs, etc..**

I also do hereby give permission to **St. Johns Christian School** to seek emergency and/or medical treatment in the event that I cannot be reached.

This hold harmless/release agreement also applies when my child is not on campus; prior to school and/or after dismissal/released under another's recognizance (or their own) as a "walker", bicycle rider, or when not on bus at designated stops.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# St. Johns Christian School

## Parent/Guardian Certification

Date: \_\_\_\_\_

Affiant (Parent/Legal Guardian Name): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the Parent/Legal Guardian of \_\_\_\_\_ and therefore have the legal right/authority to enroll him/her in St. Johns Christian School. Additionally, I am financially responsible for any and all fees incurred while enrolled at St. Johns Christian School.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
SSN of Affiant

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_ (Affiant).

State of Florida, County of \_\_\_\_\_

Personally Known ☐ Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

Notary Seal

# St. Johns Christian School

## Request for Student Records

### TO THE PARENT/GUARDIAN

Please complete the following information and return this form to the St. Johns Christian School office with the enrollment form.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I acknowledge notification of this transfer of records as required by St. Johns Christian School and understand that I have a right to receive a copy at my own expense. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### BELOW – OFFICE USE ONLY

#### TO THE PRINCIPAL OR RECORDS CLERK

The above named student is applying for admission at St. Johns Christian School. Please send copies of the following forms:

- ☐ Official Transcript/Permanent Records
- ☐ Most Recent Test Scores
- ☐ Most Recent Report Card
- ☐ Behavior Records
- ☐ Withdrawal Grades
- ☐ Immunizations/Health Records
- ☐ Special Services Assessments/IEP
- ☐ Other \_\_\_\_\_

Please send requested records by: \_\_\_\_\_ mail to:

St. Johns Christian School

938 West River Rd. Palatka, FL 32177

\_\_\_\_\_ fax to:

Phone/Fax: 386-328-2120 (please call before faxing)

All records should be sent "Attention: Amanda Clouser"



# St. Johns Christian School

## 2019~2020 School Calendar

August 5-9	Teacher In-Service & Planning	
August 8	Parent/Student Orientation (Required)	5:00-7:00pm
August 12	First Day of School	
September 2	Labor Day	Holiday – No School
September 12	Progress Reports/Parent Teacher Meeting	6:00pm progress reports given out at PTM
October 11	<b>End of First Quarter</b>	
October 16	No Aftercare or Clubs	
October 17 & 18	FACCS Convention	No School for Students
October 21-25	Spirit Week	
October 23	First Qtr Report Cards	Given to Students at Dismissal
October 31	Early Dismissal 11:00	SJBC Fall Festival 6:00pm
November 11	Veterans Day	Holiday – No School
November 15	Progress Reports	Given to Students at Dismissal
November 25	Teacher Planning	No School for Students
November 25-29	Thanksgiving Break	25-26 Hurricane Make Up Days If Needed
December 2	Students Return	
December 18	Early Dismissal 11:00	
December 19-January 3	Christmas Break	19, 20, 2, 3 Hurricane Make Up days If Needed
January 2 & 3	Teacher In-Service & Planning	No School for Students
January 6	Students Return to School	
January 10	<b>End of Second Quarter</b>	
January 20	Martin Luther King, Jr. Day	Holiday – No School
January 22	Second Qtr Report Cards	Given to Students at Dismissal
January 27 – 31	National School Choice Week	
January 28	100 <sup>th</sup> Day of School	
February 13	Progress Reports/PTM	6:00pm progress reports given out at PTM
February 17	President's Day	Holiday – No School
March 13	<b>End of Third Quarter</b>	
March 16-20	Spring Break	No School
March 23	Teacher Planning	No School for Students
March 24	Students Return	
March 27	Third Qtr Report Cards	Given to Students at Dismissal
April 6-9	Spring Testing	
April 10	Good Friday	Holiday – No School
April 23	Progress Reports/PTM	6:00pm progress reports given out at PTM
May 19	Class of 2020 Graduation	6:00pm
May 21	Kindergarten Graduation	6:00pm
May 22	Last Day of School/Awards	Early Dismissal 11:00
May 29	Fourth Qtr Report Cards	Mailed

**St. Johns Christian School**  
**Student Supply List 2019/2020**

Kleenex	2
Hand Sanitizer	1
Lysol wipes	2
Large Glue Sticks	4
Elmers liquid glue	2
Zippered 3 ring binder with pencil pouch	1
#2 pencils – no plastic coating	2 pks
Pencil top erasers	1 pk
White polymer eraser (rectangle)	2
Crayons – 16 ct	1
Colored Pencils	1
Thin Color Markers	1
Dry Erase Board Markers	1 pk
Scissors – grade appropriate	1
12" Ruler - metric & standard	1
Clipboard	1
Multi-colored Construction Paper	2 pk
Composition Notebook	1
Wide-ruled notebook paper	4 pks
White Copy Paper	1 pk
Index Cards – white	1 pk
Index Cards – multi-colored	1 pk
Multi-Colored Highlighters 2 <sup>nd</sup> – 12 <sup>th</sup> grade only	1 pk
Calculator 6 <sup>th</sup> – 12 <sup>th</sup> grade only	1
Protractor 6 <sup>th</sup> – 12 <sup>th</sup> grade only	1
Math Compass 6 <sup>th</sup> – 12 <sup>th</sup> grade only	1
½" square graph paper 6 <sup>th</sup> – 12 <sup>th</sup> grade only	1 pk

**Please Note:**

1. Occasionally we will allow students to use a mechanical pencil, but for the most part they become toys and the kids take them apart. If this happens, the student will be required to use a standard #2 pencil and the mechanical pencil will be prohibited.
2. Personal pencil sharpeners are messy and not allowed on campus.
3. Backpacks are allowed but not necessary.
4. Spiral notebooks are messy and not allowed on campus.