

Learners Christian Academy

800 N. Pine Hills Road * Orlando FL

32808

407-952-5213

New Student Registration

Student Name _____

Grade Entering _____

Last Name

First Name

Middle

ALL items listed below must be completed and turned in together with your registration packet and registration fees paid in order for your child to enter the classroom on the first day of school.

Application Check

1. Enrollment Form
2. Language & Education Information
3. Emergency Contact & Pick Up
4. Consent to Treatment
5. Field Trip Annual Permission
6. Parent Contract
7. Internet Usage & BYOD Agreement
8. Media Consent
9. Financial Agreement
10. Request for Student Records

Items for Parents to Bring

1. Last Report Card
2. Birth Certificate
3. HRS Immunization Form 680
4. Physical Exam Form DH 3040
5. Step Up for Students Award Letter



Learners Christian Academy

Student Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	Grade Entering
Street Address		Race/Ethnic Group	Gender	Citizenship
State	Zip	Place of Birth	Date of Birth	
Home Phone (With area code)		Primary Language Spoken at home	Social Security #	
Mother/ Legal Guardian Information				
Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship US	Other
State	Zip	Place of Birth	Date of Birth	# Years of Education Completed
Home Phone (with area code)	Cell Phone	Relationship to Student		
Work Phone	Email	Marital Status		
Occupation	Employer	Employer Phone Number		
Father / Legal Guardian Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship US	Other
State	Zip	Place of Birth	Date of Birth	# Years of Education Completed
Home Phone (with area code)	Cell Phone	Relationship to Student		
Work Phone	Email	Marital Status		
Occupation	Employer	Employer Phone		



Emergency Contacts & Pick Up List

Student Transportation Information

My child will be going home by: _____ parents' car _____ carpool _____ walk

Daycare Van _____

Bus Stop _____

Emergency Contacts & Pick Up List

Emergency contacts will be permitted to pick up students unless otherwise indicated. A student will only be released to a person who is on this pick-up list. Please make sure you update this list if any changes occur.

Consent to Treatment

Medical Information

Students entering Florida schools for the first time or students entering the Pre-K or Kindergarten program MUST have a physical, dated within the past year, from a Florida physician, on file with the school. Immunization records and a copy of the student's birth certificate MUST be on file PRIOR to beginning of classes.

It is imperative that the staff of Learners Christian Academy be aware of any potential life-threatening illness that your child may have. Please check the following that apply to your child:

Asthma: _____ Yes ~~_____ No~~ (If yes, we must have an inhaler in the office for your child) Diabetes _____ Yes _____ No

Allergies: _____ Yes _____ No

(if yes, list allergies) _____

Current Medications: _____

Family Doctor:

Doctor Name

Address STREET ZIP

Phone Number

Preferred Hospital:

Hospital:

Insurance:

Policy No. _____

Group No. _____

Policy Holder _____

I, the undersigned parent or legal guardian of _____ a minor, do hereby consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special supervision of any physician and surgeon, licensed under the



provisions of the Medical Practice Act on the medical staff of any hospital. where such diagnosis or treatment is rendered at the office of said physician or at the licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed before the school or other organization calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis, treatment, or hospital care which might be required, but is given to provide authority to LEARNERS CHRISTIAN ACADEMY, or the physician, to exercise their best judgment as to the requirements of such diagnosis and treatment. It is further understood that reasonable effort be made to contact parents/guardians or emergency contacts prior to using this consent.

I hereby authorize any hospital or physician, which has provided treatment to the above-named minor to surrender physician custody of such minor to the above agent upon completion of treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the above named school or organization entrusted with the custody of said minor.

Parent Signature

Date

Field Trip Annual Student Permission Form

Parents, please read the following regarding this field trip form. In order for your child to participate, you must complete this annual permission slip form turned in with your child's registration packet. Please keep all consent to treatment information updated in the office.

Field Trip Information

Field trips are planned outings taken by classes as a learning enrichment activity. Teachers will provide the administrator and local board of education, at least one month in advance, with the key learnings and objectives of the planned activity. Parents will be given notice of all field trips at least 4 days prior to the event. A fee may be required for a field trip.

Transportation: LCA School Bus

Florida State Law: "Nonpublic schools operating school buses with a seating capacity of 24 or more pupils must comply with state requirements outlined in ch.234316.615. Nonpublic schools operating school buses seating less than 24 students must comply with state requirements. "

Special Procedures and Considerations

Your child's participation in the field trip is voluntary. Your written consent is necessary for your child to participate.

Field trips may potentially involve risks and responsibilities for your child that are beyond the scope of those normally associated with educational activities at school. Such risks include the potential for personal injury and/or damage to personal property. You are encouraged to inquire in advance concerning the nature, details, and potential risks of this field

Your child shall be subject to the LCA Handbook policies at all times related to his/her participation in the field trip. As a condition of participating in the field trip, your child shall also be required to comply with all instructions and safety precautions communicated by school officials.

You acknowledge that LCA, its board members, employees, and associations may not be held liable for injuries and damage that may arise out of, or in connection with, the field trip. Any injuries or damage arising out of, or in connection with the field trip, may therefore not be covered by school and student insurance. For these reasons, it is recommended that you obtain appropriate insurance from qualified sources to cover medical expenses and other costs that could result from injury to your child, and damage to, or destruction of, property belonging to you or your child, which may arise out of, or in connection with, your child's participation in the field

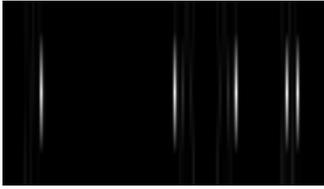
Field Trip Permission and Assumption of Risk

I hereby grant permission for my child, _____, to participate in field trips and associated activities during the school calendar year, subject to the Special Procedures and Considerations specified in this form. In consideration of LCA allowing my child to participate in the field trip and associated activities, I hereby release and hold harmless the school, its board members, employees, and all agents and its associations, from any and all liability, claims, causes of action, damages, and demands of any kind whatsoever (except willful and wanton acts or omissions), that may be brought by my child, or on my child's behalf, for any and all damages, including personal



injury to my child, arising out of, or in field trip and associated activities. My child dangers of my child's participation in the field trip and associated

connection with, my child's participation in the and I understand and appreciate the risks and



activities, and assume the risk of any and all damage, including personal injury, which the child may incur as a result of such participation.

Signature of Parent / Legal Guardian

Date

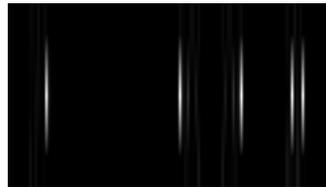
Parent Contract

Students will take pride in both themselves and their school and will respect the dedicated teachers and staff who commit their lives to education. Students will hold themselves to high standards of achievement and academic excellence. All students will have an equal opportunity to receive a quality education.

Parents who enroll their children in the school shall accept responsibility for their child's education. Parental involvement is essential to student success and therefore essential to the school. To ensure parent involvement, LCA will require the parent of each student to sign a parent contract. The contract details the parent's responsibilities. The school will allocate resources, personnel, and time to parents and the community to provide input at every level of decision making. As part of the school improvement process, an annual satisfaction survey will be given to all stakeholders.

The school will build a strong parent-teacher alliance and parents will be actively encouraged to be involved. Several opportunities will be provided throughout the year for parents to participate in improving the school. I, the parent/guardian, have read and agree to abide by the following:

1. I understand the teacher's work should supplement that of the parents, but it is not to take its place. In all that concerns the well-being of the child, it should be the effort of parents and teachers to cooperate (EG White, Education, p. 283).
2. I have made a personal decision to enroll my child at LCA to provide the child with a unique educational opportunity.
3. It is my desire and decision to enroll my child at LCA based upon my desire to become an active partner in the education of my child.
4. I understand that I will not be found criticizing the teacher. Both the interest of my child and justice to the school demand that, so far as possible, I sustain and honor the teacher who shares my responsibility. I will strive to not fail by hasty, unfounded criticism of the faithful, self-sacrificing teacher. I will cooperate with the teacher and the administration to help improve areas of academic performance and correct areas of wrong habits in my child.
5. I recognize that LCA is a private school of choice, not entitlement.
6. As a parent of a student at LCA, my commitment is to abide by the rules and regulations found in the school handbook, adopted by the local board of education. Any complaint I have concerning LCA will be handled in the means described in the handbook. It will first be directed to the school's administration and not to other parents or children. If I remain unsatisfied, then the complaint will be presented to the local school board of education.
7. I agree to pay for any property damage caused by my child. LEARNERS CHRISTIAN ACADEMY is not responsible for a child's lost or damaged property.
8. I will recognize and embrace my role as having primary responsibility for the education of my child.
9. I will attend all meetings and conferences scheduled with any member of the LCA staff.
10. I will participate in the Home and School Association, at a capacity that is sensitive to the needs of the school during the school year.
11. I will read and use information provided by the school to keep informed and engaged in the educational process.

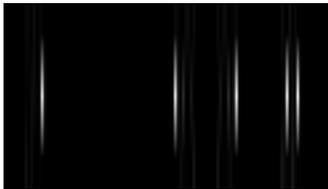


12. I will limit television and video games during the week and allow my child more time to work on their coursework, reading, studying, and family time.
13. I will check my child's homework daily.
14. I will encourage my child to reach his or her academic level with deep commitment and enthusiasm for learning.
15. I will uphold the standards of the Seventh-day Adventist Church, and the guidelines set forth in Counsels to Parents, Teachers, Students, Education, and The Adventist Home.
16. I will cooperate with the teachers and administrator to help my student make measureable growth toward a personal relationship with Jesus.
17. I will help my child see and develop a positive attitude about the school and its faculty and staff.
18. I will help my child understand that growing is a process that is often difficult, requiring persistence, and that faith in Jesus will see them to the finish.
19. I will pay my obligations to the school in full, and on time.

I understand the important role I play in partnership with the school to create success for my child.

Parent Signature

Date



Technology Compliance Contract

LEARNERS CHRISTIAN ACADEMY is pleased to offer students expanded access to the internet through high speed local area network. To gain access to the internet, all students must obtain parental permission verified by signature on this form.

The use of computers, technology, and the internet at LEARNERS CHRISTIAN ACADEMY is to support educational activities. The use is therefore a privilege; not a right and may be revoked if abused. The user is personally responsible for his or her actions. The user is advised never to access, keep, or send anything that they would not want their parents or teachers to see.

When using any LCA student computer, or the internet, digital cameras, and software, each student agrees to comply with the following:

1. Do not use a computer or other technology to harm others or their work.
2. Do not damage the computer, technological equipment or the network in any way. Parents will be responsible for any damage or replacement cost.
3. Do not interfere with the operation of the network by installing illegal software, shareware, or freeware. 4. Do not violate copyright laws.
5. Do not view, send, or display offensive obscene, threatening messages, or pictures.
6. Do not share your student account and/ or password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass (plagiarize) in another's folders, work, or files (this includes the network and floppy disks).
9. Do not enter any chat rooms.
10. Do not send and/or receive personal email at school. 11. Do notify an adult immediately, if by accident, you encounter materials which violate the rules of appropriate use.

As a parent of this student, I have read the LEARNERS CHRISTIAN ACADEMY contract. I understand that the internet and the computer are to be used for educational purposes only. I recognize that it is impossible for LEARNERS CHRISTIAN ACADEMY to restrict access to all controversial materials and acknowledge the ultimate responsibility for the internet use rests with user. I will not hold LEARNERS CHRISTIAN ACADEMY or its employees responsible for material acquired on the network.

I give my child permission to use the internet while at school according to the rules as stated in this contract.

Parent's Name (please print) _____

Parent's Signature _____

Student Name (please print) _____

Student's Signature _____



Media Consent and Release

Throughout the school year students attend programs, activities, field trips, and events along with normal classroom routines that support their education, promote community service, or encourage positive behavior. With the principal's approval, occasionally, staff, parents, and local media cover these events by taking photographs or video. This may include newspapers, television, websites, or other media production. This also includes our school's website, classroom web pages, and yearbook.

By signing below, you agree that you have been notified of the possibility that your child may be included in photographs or video and authorize the use for public print, display, or broadcast.

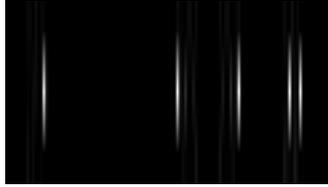
_____ I give permission for my child's name or photograph to be used for school-related public media.

_____ I do not give permission for my child's name or photograph to be used for school-related public media (student will still be allowed to attend the activity or program).

Parent Signature

Date

This form will stay in effect for the current school year. If you wish to change this form at any time, please ask for a new one in the school office.



REQUEST FOR STUDENT RECORDS TO THE APPLICANT'S PARENT/GUARDIAN

LEARNERS CHRISTIAN ACADEMY requires official records from the applicant's current school in order to complete the application process. I, _____
hereby give permission to the LEARNERS CHRISTIAN ACADEMY Secretary/Treasurer who acts as the school registrar, to request school records for

(Student Name)

to be sent to LEARNERS CHRISTIAN ACADEMY, where he/she is enrolled in grade _____

These records are to include progress or grade reports, attendance records, health records, and all psychological and assessment records.

Date

Signature of Parent/Guardian

The student named above has applied to LEARNERS CHRISTIAN ACADEMY. In order for us to complete enrollment, we request for the student's cumulative record to be sent. Please include the following information:

1. All of the student's grade reports and official transcripts from your school plus any from other schools he/she has previously attended.
2. All Testing Results
3. All Health Records
4. All Educational and Psychological Assessments, RTI Documentation, and IEPs or 504 plan, if applicable
5. Attendance Records
6. Behavioral Records

PLEASE SEND RECORDS TO:

Learnerschristianacademy@com
