



4340 N. Hiawassee Road, Orlando, FL 32818
Phone 407-434-9988 | Fax 407-297-7887 | info@mylrca.com

ITEMS NEEDED TO COMPLETE ENROLLMENT

- Completed Registration Form (Required prior to Day 1)
- Completed Emergency Form (Required prior to Day 1)
- Birth Certificate (Required Immediately to secure spot)
- Current Physical (on School Entry Health Exam Form)
(Required by September 1)
- Current Immunization Record (Required by September 1)
- Copy of Social Security Card (Required Immediately to secure spot)
- Student Reference Form (Completed by the previous schoolteacher or administrative official) This form must be returned ASAP
- Signed Handbook Contract (Required by Day 1)
- Copy of most recent Individual Education Plan (IEP) (ASAP)
- Step Up for Students Scholarship – Scholarship Award Letter
(Required as soon as awarded by from state)
- Most recent report cards This form must be returned ASAP
- If entering 10th – 12th grade, a transcript is required
- Parent Homework Contract (Required by Day 1)
- Student Homework Contract (Required by Day 1)
- Computer Agreement (Required by Day 1)
- Dismissal Form (Required prior to Day 1)

Please remember to sign & date all pages.



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REGISTRATION FORM

All highlighted items must be filled in.

Student Name: _____
Last First Middle Initial

Age: _____ Date of Birth: _____ Grade: _____

Student Social Security Number: _____ Male _____ Female _____

Address: _____
Number Street City/State Zip Code

Home Phone: _____

Father's/Guardian's Name: _____ SSN _____

Employer: _____ Work # _____

Cell Phone # _____ Custody: Yes No*
*If no, documents must be presented to the school.

E-Mail Address: _____ Release to: Yes No*
*If no, documents must be presented to the school.

Mother's Guardian's Name: _____ SSN _____

Employer: _____ Work # _____

Cell Phone # _____ Custody: Yes No*
*If no, documents must be presented to the school.

E-Mail Address: _____ Release to: Yes No*
*If no, documents must be presented to the school.

*Previous School Attended: _____

*School Address: _____
Number Street City/State Zip Code

*Previous School Phone Number: _____ Fax Number: _____

Does your child have an Individual Education Plan (I.E.P.)? Yes No



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The following people have my permission to pick my child up from school: (List at least 2)

Name: _____ Primary Phone: _____

Relation to Student: _____ Secondary Phone: _____

Name: _____ Primary Phone: _____

Relation to Student: _____ Secondary Phone: _____

Name: _____ Primary Phone: _____

Relation to Student: _____ Secondary Phone: _____

Name: _____ Primary Phone: _____

Relation to Student: _____ Secondary Phone: _____

I desire that my child be enrolled in Lake Rose Christian Academy and that he/she participate in all programs. My child has my permission to attend all school-sponsored field trips and activities.

In full cooperation with the school, I pledge my loyalty to the aims and ideals of the school and will bring any questions directly to the administration so that they may be answered by those in authority.

The school administration reserves the right to dismiss any student who does not cooperate with the educational process or whose tuition is delinquent for 30 days or more. Teachers and administrators are given full discretion in the discipline of my child.

I hereby authorize the school staff to take whatever emergency medical measures necessary for the protection of my child while in their care, including calling a physician, implementing his/her instructions, and/or transporting my child to a hospital or clinic.

My signature verifies that I have read and accept all terms of this contract. Furthermore, I am responsible for paying all fees and tuition and all costs where collection is deemed necessary.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian



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EMERGENCY INFORMATION

Child's Name: _____ Date of Birth: _____
Address: _____
Number Street City/State Zip Code

Mother's/Guardian's Name: _____
Address: _____
Number Street City/State Zip Code

Cell Phone: _____ Work Phone: _____

Father's/Guardian's Name: _____
Address: _____
Number Street City/State Zip Code

Cell Phone: _____ Work Phone: _____

Allergies: _____

Medical Conditions/Concerns: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy # _____ Group # _____

Preferred Hospital*: _____

Children will be transported to the nearest facility if an emergency is life-threatening.

If your student is required to take daily medication during school, please see the administration as soon as possible. This includes asthma pumps, allergy meds, etc.

In case we are unable to contact you, please list three responsible persons that we can contact in the case of emergency or illness.

Name: _____ Relationship _____ Cell # _____
Address: _____ Other Phone # _____

Name: _____ Relationship _____ Cell # _____
Address: _____ Other Phone # _____

Name: _____ Relationship _____ Cell # _____
Address: _____ Other Phone # _____

Please check all that apply.

- I give permission for Lake Rose Christian Academy to treat my child for minor injuries.
- I give permission for my child to be treated/transported by an ambulance (if needed) for any injuries/illnesses.
- I give permission for my child to be treated by Hospital Emergency Room staff (if transported to the hospital) for any injuries /illnesses.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian



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STUDENT REFERENCE FORM

The student named below is a candidate for admission to Lake Rose Christian Academy. Your evaluation of the applicant will be an invaluable tool in the admissions process. Your remarks will be kept confidential. The applicant's file will not be complete without the return of this form.

This form must be completed by a previous teacher, counselor, or principal/administrator.

NAME OF STUDENT: _____ GRADE LEVEL: _____

How long have you known this student? _____

What is your relationship to the student? _____

Based on your personal experience and knowledge of this student, what is your assessment of his/her academic strengths and weaknesses? Please check the appropriate boxes:

	Below Average	Average	Above Average	Outstanding
Academic Potential				
Academic Achievement				
Initiative/Motivation				
Self-discipline				
Leadership Potential				
Personal Integrity				
Conduct & Discipline				
Respect for Adults				
Respect for Peers				
Dependability				
Parental Support				
Overall Recommendation				

What words or phrases immediately come to mind when describing the student?

Please provide/attach any other information that will be useful in our assessment of this application.

Your Name: _____ Date: _____

Signature: _____ Position: _____

School: _____ Phone #: _____

Please email, mail, or fax this form as soon as possible.



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PARENT HOMEWORK CONTRACT

I affirm the following:

- Be supportive of my child's effort in doing homework whenever there is homework to be completed.
- Help my child schedule a specific time and place to do homework every day when necessary.
- Encourage all family members to give respect to homework time.
- Restrict my child/children if he/she chooses to be irresponsible.

I/we understand that my/our child/children will benefit from my/our love and efforts and by honoring the contract. My/our home will be a more productive and harmonious place.

I/we have read the Parent Homework contract and have discussed it with my/our child/children.

Student Signature

Date

Parent/Guardian Signature

Date

Child's Name

Teacher's Signature

Date



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STUDENT HOMEWORK CONTRACT

I affirm the following:

- Complete all homework assignments during the scheduled homework time.
- Turn in the completed homework to my teacher by the due date.
- Have a positive attitude about homework.

I understand by following the homework rules consistently, I will be rewarded. I also understand that I will lose privileges if I choose not to be responsible for my homework.

My parent/parents have read this contract with me and discussed it with me.

Student Signature

Date

Parent/Guardian Signature

Date

Child's Name

Teacher's Signature

Date



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HIGH SCHOOL STUDENT CONTRACT
(Grades 9-12 only)

High School students must earn at least 24 credits to graduate. Credits must be earned in the following subjects:

Math	4 credits (Must include Algebra)
English	4 credits
Social Studies	3 credits (World History, U.S. History, Government & Economics)
Science	3 credits (Must include Biology)
Personal Finance Lit.	½ credit
Physical Education	1 credit
The Arts	1 credit (Fine and Performing, Speech and Debate, or Practical Arts)
Health	½ credit
Electives	7 credits

I affirm the following:

- Complete all homework assignments during the scheduled homework time.
- Turn in the completed homework to my teacher by the due date.
- Have a positive attitude about homework.

Also, I understand that I need 24 credits to graduate. I understand that if I fall behind on credits, it is my responsibility to catch up. Lake Rose Christian Academy will not be held responsible if I do not complete my courses on time. I understand that I may be retained until I understand that by following the homework rules consistently, I will be rewarded. I also understand that I will lose privileges if I choose not to be responsible for my homework.

My parent/parents have read this contract with me and discussed it with me.

Student Signature

Date

Parent/Guardian Signature

Date

Child's Name

Teacher's Signature

Date



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STUDENT DISMISSAL FORM

Dismissal Times:

Monday, Tuesday, and Thursday- **3:00 pm** - Fee charged after **3:30 pm**.

Wednesday & Friday - **1:30 pm**. Fee charged after **2:00 pm**.

My child/children will be dismissed from school in the following way:

- Walker
- Car Rider
- Lynx Bus
- Uber/Lyft/Taxi *(at least 1 of your students must be at least 18 years of age)*
- Daycare/After School Van or Bus

Name of Daycare _____ Phone # _____

Please note Lake Rose Christian Academy is not responsible for anything that happens once your child has left the premises.

Persons authorized to pick up my child/children:

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Student Names:

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Parent/Guardian Phone #: _____

It is very important that this form is kept current. If you need to change authorized persons, please contact the office as soon as possible. Authorized personnel will be required to show ID.



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AGREEMENT FOR USE OF COMPUTER/RELATED EQUIPMENT

Permission of Use

By signing this agreement, the undersigned attests that they have read the agreement and agree to its terms, recognizing that Lake Rose Christian Academy (hereinafter LRCA) utilizes laptop computers in the course of educating its students. As the parent/guardian of the child/children listed below, who is/are enrolled as a student(s) at LRCA, located at 4340 N. Hiawassee Road, Orlando, Florida, 32818, I give my full and complete consent to utilize the computers and associated equipment, (hereinafter Equipment), in a proper and responsible manner, that is provided by LRCA for the sole purpose(s) of the educational process.

Child/Children of the Undersigned

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Furthermore, seeing that this educational program utilizes the internet, I can grant a maximum of 5 people, including myself, access to check up on my child/children’s academic progress at any given time via the internet. The names and emails listed below represent the individuals that I expressly give permission to access and view my child/children’s progress at LRCA.

Individuals Authorized to View Child/Children’s Progress

Name	Email
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Financial Responsibility

I, the undersigned, take full financial responsibility in the event that my child/children damage said Equipment, either intentional or otherwise. I agree to repair or replace any damaged Equipment which my child/children have damaged, excluding normal wear, acts of God, or mechanical or software malfunctions.

Proper Use

LRCA expects every student assigned a personal computer, or any student that uses a General Use Computer, to use said Equipment in the manner it is designed and intended, always handling it properly and prudently. The student shall not make any alterations, additions, repairs, or improvements to the Equipment.

Term

The student(s) will be assigned this Equipment on their first day of school and will begin to use it for educational purposes in the manner it was designed to be used. The undersigned will cease to be responsible for said Equipment when the student(s) no longer uses said Equipment, either by the



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student(s), discontinuing use at the end of the last day of the school year, after the teacher or a qualified designate has checked the Equipment, or when the student is formally withdrawn from LRCA, voluntarily or otherwise.

When this Agreement formally ends, LRCA will provide a statement to the undersigned stating that the assigned Equipment was returned intact and unharmed, and the signing party/parties are hereby free from any and all liability to Equipment.

If a student needs to attend the summer school program at LRCA, the term of this Agreement would extend to any and all days that the student is using the Equipment.

General Use Computers

Any child/children of the undersigned parent/guardian in the grades below third grade will have access to a computer(s) during their daily studies. These will not be specifically assigned to a student; however, the undersigned parent/guardian will be responsible for any damage, either intentional or otherwise, that their child/children do /does to any of this Equipment

Extent of Liability

Excluding any liability that could come from any unlawful and illegal act(s), as prescribed by law, the full extent of the liability of the undersigned would be either:

- A) The reasonable market value of the Equipment in the event of a total loss.
- B) The reasonable cost of repair of the Equipment in the event of a partial loss.
- C) The value provided to the parent/guardian resulting from any insurance claim. Any claim amount deficient of the costs of replacing or repairing the Equipment would become the responsibility of the undersigned.

Furthermore, I understand that I can choose to obtain, at my own expense, a rider to my homeowner's or renter's insurance for the purpose of covering the cost of this Equipment.

Inspection

LRCA staff has a right to inspect the Equipment at any time to determine if the Equipment is in good working order and is being used as it is intended solely for educational purposes.

Title

Title to the Equipment will at all times remain with LRCA.

Assignment of Responsibility

The undersigned cannot assign the permission of use or the financial responsibility of this Agreement, without the express written consent of the Administration of LRCA.

Indemnification

The undersigned hereby indemnifies and holds harmless LRCA, its parent organization, subsidiaries, agents, members, and employees from and against all claims, suits, actions, damages or causes from



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action arising from personal injury, loss of life or damage to property or both, resulting directly or indirectly from the use of said Equipment.

Entire Agreement

This Agreement embodies the entire agreement between the LRCA and the undersigned. This Agreement may not be modified or terminated except as provided in this Agreement or by other written agreement. If any provision of this Agreement is declared invalid by a court of competent jurisdiction, it will be considered deleted from this Agreement; however, it will not invalidate the remaining provisions.

Signature of Parent(s)/Guardian(s)

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Lake Rose Christian Academy Administration

Signature

Date



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PHOTO RELEASE PERMISSION SLIP

As a parent or guardian of _____, I hereby consent to the use of photographs/videotape taken during the school year for the use of training teachers or informing the public about education or this institution. I understand that these photos may appear in forms such as display panels, videos, books, brochures, digital, training, or other promotional materials. I agree that I am to receive no compensation for my child's appearance. I also understand that my child's participation confers on me no ownership rights to the photographs or negatives.

Please select one of the following:

_____ Yes, I give consent for Lake Rose Christian Academy to photograph my child for school purposes and/or at school events.

_____ No, I do not authorize Lake Rose Christian Academy to photograph my child for any event.

Signature of Parent/Guardian

Date



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INCOME SURVEY

SIZE OF FAMILY - Please indicate the total number of individuals in your household, including all adults and children. _____

STUDENT INFORMATION- In the table below, please complete for each student pre-k through 12th grade.

	Last Name	First Name
1		
2		
3		
4		
5		
6		

TOTAL HOUSEHOLD INCOME - In the table below, please report for all members of the household.

Type of Income	Job 1	Job 2	Check here if no income
Gross monthly earnings: wages, salary, commissions	\$	\$	
Monthly welfare payments, child support, alimony	\$		
Monthly payments from pensions, retirement, Social Security	\$		
Monthly dividends or interest on savings	\$		
Monthly workers' compensation, unemployment, strike benefits	\$		
Other monthly (SSI, VA Disability, Farm, Other)	\$		
Total from both columns	\$		

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian



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SCHOOL SUPPLY LIST

Grades K-1	Grades 2-5	Grades 6-12
Scissors (Blunt tip)	Bible - King James Version	Bible - King James Version
Pencils & Large Erasers (No Mechanical Pencils)	Pens, Pencils & Erasers (No Mechanical Pencils)	Pens, Pencils & Erasers
Dry Erase Markers	Ruler with centimeters/Inches	Ruler with centimeters/Inches
Primary Writing book	Notebook Paper	Notebook Paper
5 folders with Brads & pockets	5 folders with Brads & pockets	
Hand sanitizer (No Homemade mixtures)	Hand sanitizer (No Homemade mixtures)	Hand sanitizer (No Homemade mixtures)
Tissues (4 boxes)	Tissues (4 boxes)	Tissues (4 boxes)
Crayons & Washable Markers	Crayons & Washable Markers	Color Pencils & Highlighters
Glue Sticks	Glue Sticks (grade 2-4 only)	Supply Box
Supply Box	Supply Box	Backpack
Backpack	Backpack	2-inch Binder with Dividers
Headphones (no earbuds)	1-inch Binder with Dividers	1 Composition Books
Sanitizing Wipes for Desk	2 Composition Books	Headphones
Change of Clothes (Labeled with students' name)	Headphones (no earbuds)	Mouse (optional)
	Mouse (optional) Grades 3-5 only	Deodorant
	Deodorant	Sanitizing Wipes for Desk
	Sanitizing Wipes for Desk	

Please remember to label your student's supplies.