

2713 Flagler Avenue, Key West, FL 33040

E-mail: glsschoolkw@gmail.com

Phone: 305- 296-8262

Website: www.glsskw.org

FB page: www.facebook.com/glsskw

New Student Application Packet 2023-2024

Elementary/Middle School

- 10-month school year program – 8:00-3:00 (aftercare optional)
- All immunization records and school physicals are required to be provided to us and up to date
- Student records including year to date report card, attendance, discipline records, psycho-educational evaluation and Individual Education Plan (if applicable), discipline records, 504 plan are required for consideration
- Teacher recommendation form (teachers complete and email directly to glsschoolkw@gmail.com)
- Signed Release of Records

Please Indicate [X] Grade and Year for Admission

K 1 2 3 4 5 6 7 8

Preferred Name: _____ Date of Birth _____

Full Legal Name: _____

Name of Present School: _____

Address of Present School: _____

Present Grade _____ Years Attended _____

Parent/Guardian 1

Parent/Guardian 2

	Full Name	
	Street	
	City, Zip	
	Home/Cell Phone	
	Email	
	Employer	
	Business Phone	

Student Name: _____

Family Information:

Applicant Lives With: Parent 1 Parent 2 Both Guardian

To Whom Should Correspondence Be Sent: _____

Email address: _____

Siblings:

Name	Birth Date	Gender	School & Grade

Contacts: Your child will be released only to parent or legal guardian and the persons listed below.

Name	Address	Work #	Cell #

List of all schools your student has attended in chronological order:

Name	State	Years	Grades

Has the applicant ever been suspended or dismissed for academic or disciplinary reasons from a previous school? Yes No

If yes, please explain: _____

Please supply a copy of the following required forms for admission acceptance:

- Birth Certificate
- Social Security Card
- State of Florida School Entry Health Exam (DH 3040)*
- Florida Certification of Immunization (DH 680) OR Religious Exemption from Immunization (Form DH 681)*

***Forms are required within 30 days of enrollment, or your child will no longer be allowed to attend school.**

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor	Address	Phone

Supplemental Information:

Has your student been tested for learning disabilities? Yes No Date Tested _____

If yes, please explain results: _____

Is there an active IEP? If so we will need a official copy prior to you meeting with our school principal.

Is there any pertinent medical, educational or psychological history that the school should be informed about? Yes No If yes, please attach a sheet of explanation and include necessary documentation.

Does your student take any medication on a regular basis? Yes No

If yes, please explain: _____

➔ Does your child have any allergies? Yes No

If yes, what are the allergens? _____

What are the symptoms of the allergic reaction? _____

What medications or actions are taken to alleviate symptoms?

*If your child requires an EpiPen- a separate form is needed to hold and administer the medication, if ever required.

I certify that the information given in this application is complete and accurate.

Signature

Date

Signature

Date

Tuition & Fees Schedule K-8th Grade 2023-2024

Tuition Rates:

Please Select

Kindergarten – 5 th Grade			
School Day	8:00 – 3:00	\$9,000/year	_____
School Day + After Care	8:00 – 5:30	\$10,800/year	_____
6 th Grade – 8 th Grade			
School Day	8:00 – 3:00	\$9,500/year	_____
School Day +Aftercare	8:00 – 5:30	\$11,300/year	_____

Additional Fees for 2023-2024 School Year:

Registration for returning students before May 15 th :	\$100.00	_____
Registration for new students and returning students (after May 15 th):	\$200.00	_____
After Care Drop-in Rate (Based on availability):	\$25/Day	_____
Special Day Care Rate:	\$40/Day	_____
Special Day Care Rate Early Release:	\$25/Day	_____
Academic Tutoring	\$65/hr.	_____
Academic Tutoring (Specific Learning Disabilities)	\$75/hr.	_____
Initial Academic Screening Fee (new K-8 students)	\$100	_____
Academic Testing Fee:	\$250	_____
Speech/Language Therapy	\$100/hr.	_____
Occupational/Physical Therapy	\$100/hr.	_____
ABA Therapy	\$100/hr.	_____

****Scholarships Are Available****

Please see the school principal or secretary for more information.

If you child is receiving an FES/FTC/Hope Scholarship, please initial here:

Parents are responsible for any funds not covered by the scholarship per contract with the scholarship funding agency.

Tuition Contract - 2023-2024

Please Print Student Name and Grade:

Last Name

First Name

MI

Grade in the fall

Registration Fee: \$100.00/per Returning Student before May 15th, 2023

\$200.00/per New Student and returning students (after May 15th, 2023)

- All Fees are due at Time of Registration
- The acceptance/completion of your registration requires a completed and signed Tuition Contract, submission of required documents, and payment of all fees.

TUITION PAYMENT OPTIONS:

OPTION 1 – SINGLE PAYMENT PLAN

One payment due on or before August 1, 2023

OPTION 2 – TEN MONTH PAYMENT PLAN

- Including state funded scholarship students. Students will be billed monthly for expenses not covered by scholarship.
- Payments begin August 1, 2023
- Payments end May 1, 2024
- All payments must be made by the first of each month.

FINANCE CHARGES AND NSF CHECKS

- A \$35 late fee will be assessed by Grace Lutheran School on delinquent accounts if not paid by the 5th of each month
- A \$35 administrative fee will be assessed by Grace Lutheran School for each payment returned due to insufficient funds or for any other reason and an additional \$35 late fee will be added to the account each month until the payment clears.

I/We assume the responsibility for the payment of tuition for the student listed in this agreement. I/We understand that if the tuition account is in arrears, the sanctions listed on the Terms and Conditions page may be imposed. I/We have read and understand the Terms and Conditions of this agreement and I/We agree to abide by said Terms and Conditions of this Agreement. I/We agree to fulfill the total financial obligation for payment of tuition as set forth herein.

Signature of Parent/Legal Guardian/Responsible Party

Email Address of Parent/Guardian/Responsible Party

Please Print Name Clearly

Date

Phone Number

Terms and Conditions

Payment of Tuition:

1. Tuition for the **2023-2024** School Year shall be paid in full by the due date in accordance with the Tuition Payment Plan.
2. If a Tuition payment is 15 days overdue, the School may impose any or all of the following sanctions, at the School's sole discretion, unless special arrangements have been made in writing and signed by the School Director or administration. Sanctions include:
 - a. Assess a \$35 late fee & return fees (this will be assessed on the 5th day of the month)
 - b. Withholding Academic Records
 - c. Withdrawing Student from class participation
 - d. Withdrawing Student from school
 - e. Withdrawing the student from Aftercare
 - f. Use a collection agency
 - g. File a claim in court
3. Any Family with an unpaid Tuition and/or Fees balance for the current School Year will not be allowed to register for the **2023-2024** school year until the current year's Tuition and Fees are paid in full unless special arrangements have been made in writing and signed by the School's Director or administration. School records, diplomas, or transcripts will not be released until all Tuition and other charges have been paid in full.
4. For participating students, if the tuition is not covered by the scholarship funding agency for any reason (ex. attendance qualifications not met, parent did not approve funds, etc.), then the parent will be responsible for payment of tuition.

Refunds:

5. Prepaid Tuition will only be refunded in full if written notice of cancellation is received by the School at least 10 days before the first day that the **2023-2024** School year is scheduled to start. The Registration Fee is non-refundable.
6. Once the **2023-2024** School year begins, prepaid Tuition refunds are made on a monthly basis. **Should a student attend School during any portion of a month (one day or more), the full amount for that month is owed and no portion of that month's tuition will be refunded.**
7. If a Student is asked to leave or withdraw from School at any time during the school year, the undersigned remains responsible for the Student's annual tuition which will be prorated through the end of the month in which the Student withdraws.

General Terms and Conditions:

8. Prior to completing the registration process, payment of a non-refundable registration fee in the amount of \$200 **per new student** or \$100 for **returning students** is due. The Registration fees are **non-refundable without exception.**
9. The terms and conditions of the School's attendance and discipline policies, and all other policies which may be provided to the Student are hereby incorporated into this Agreement.
10. It is further understood that the Student and Student's parents/guardians will abide by the policies and guidelines as documented in the School Handbook.
11. I/We understand that the School will not reserve a place for my Student(s) for the 2023-2024 School Year until after I/We have returned a completed and signed Application Packet, the registration fee, and all required documents. I further understand that my Student's eligibility for enrollment is conditioned upon his/her successful completion of the current School Year and upon full payment of all Tuition and Fees owed for the current and/or prior School Years.
12. I/We understand that the School reserves the right to deny enrollment and/or expel any Student whom it determines is unsuitable for enrollment.
13. Please refer to page 6, section Tuition and Daycare Payment, of the Grace Lutheran School handbook.

Initial: _____

Grace Lutheran School

Contract of Commitment

I have made a personal decision to enroll my child at Grace Lutheran School, and I recognize that GLS is a private school. In consideration of this, I agree to honor the Parent Contract of Commitment. By doing so, I acknowledge that I am an integral part of my child's whole life education, along with the faculty and staff at GLS.

As a parent/guardian of _____, I understand that I am in partnership with Grace Lutheran School for the education of my child and I agree to the following:

- I will have my child at school on time and ready to learn.
- I will value my child's attendance. If my child must be absent, I will email the main office by 9:00 a.m. (per student handbook) and send in written notification (doctor's note, parent note) with the reason for absence the day my child returns. I also understand that it is my responsibility to ensure make-up work is completed and to help my child with any missed instruction.
- I will provide adequate space free from distractions for my child to complete reading/homework nightly.
- I will provide requested classroom materials for my child. If I have a financial concern to do this, I will work with the principal to have supplies purchased.
- I will attend all scheduled parent conferences each year.
- I will check my child's communication notebook/planner each night.
- I will **give 10 hours of volunteer service, per school year**, to benefit my child/children as well as the school. Such service may include classroom time, fieldtrips, grounds maintenance, Parent Teacher League Participation, and school parties/events.
- I have received and reviewed the Grace Lutheran School Handbook. I understand that it is my responsibility to understand and familiarize myself with the GLS Handbook and to ask if I may have any questions regarding policy, procedure or information contained in the GLS Handbook.

It is our primary objective at GLS, to offer a high quality, Christ-centered program in a nurturing setting. As such, the administration, staff, and faculty agree to the following:

- Encourage respect for self, others, and our environment.
- Promote a desire to seek Christ's will.
- Provide an academically challenging program.
- Facilitate on-going communication with parents throughout the year.
- Adhere to the school's vision, mission statement and guiding principles.

Signature

Date

Grace Lutheran School Discipline Policy

At Grace Lutheran School, we do not think of the term discipline as meaning punishment, but rather as guidance offered to each child to encourage personal growth in self-control, stability, and awareness of moral and spiritual values. Our staff is trained in the dynamics of classroom management and positive guidance techniques. When redirecting a child exhibiting unacceptable behavior, our discipline also includes guidance by the teachings and philosophy of Christ. All discipline will reflect God's Word as found in Matthew 18.

1. The Teacher will clearly explain to the child behaving unacceptably the type of behavior that is acceptable and together the teacher and the child will set workable guidelines to assist him/her towards attaining self-control.
2. Parents of the child will be made aware of his/her unacceptable behavior by the teacher using verbal and written incident reports. The teacher will request their suggestions and support. Every effort will be made by the parents and teacher to minimize and/or eliminate the unacceptable behavior and assist the child with his/her gain of self-control.
3. The Teacher will be responsible to report daily to the Principal/Director, by documentation, all incidents of unacceptable behavior, the remedial techniques practiced by the teacher and parents, and the resulting behavior.
4. If unacceptable behavior persists, a conference will be held between the child's teacher, parents, Principal/Director, and, if necessary, the pastor in an attempt to formulate together a resolution to the behavior problem.
5. The Principal/Director has the authority to immediately suspend any child whose behavior is harmful and/or unhealthy to his/her classmates or school staff for an appropriate amount of time.
6. The Principal/Director will promptly report to the Board of Education and Grace Lutheran Church recurring or escalating behavior problems and/or any suspension action. The final decision regarding the situation will be that of the Board of Education.

I have read, understand, and agree with the Discipline Policy of Grace Lutheran School.

Child's Name

Parent's Signature

Date

Grace Lutheran School Publicity Release

Publicity Release/Permission

Throughout the school year, Grace Lutheran School will conduct activities that may be publicized through various media organizations as well as on our GLS website and Facebook page. Please place a check by whether or not you give your permission for GLS to use your child's image (pictures) and artwork.

I grant my permission for my child, _____, to Participate in any publicity activities for events sponsored by Grace Lutheran Church and School. Such activities may include, but are not limited to, interview sessions with news reporters; photographs for newspapers; Lutheran Church—Missouri Synod (LCMS) publications; various school publications including newsletters, calendars, website, and brochures; videotaping for local and national television newscasts, cable programming, and school promotional videos; photographs or artwork for the internet pages of our GLS or LCMS sites. I understand that this permission is effective as long as my child attends GLS or until I give further notice.

My child, _____, may not participate in any Publicity activities for events sponsored by Grace Lutheran Church and School.

Signature of Parent/Legal Guardian/Responsible Party

Student's Printed Name

Parent/Legal Guardian/Responsible Party (Print Name Clearly)

Date



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RELEASE OF RECORDS

Date: _____ Previous School: _____

The student(s) below have applied to Grace Lutheran School.

Student Name: _____ Grade: _____ DOB _____

Please fax/email the records that are checked below to the above address or phone number:.

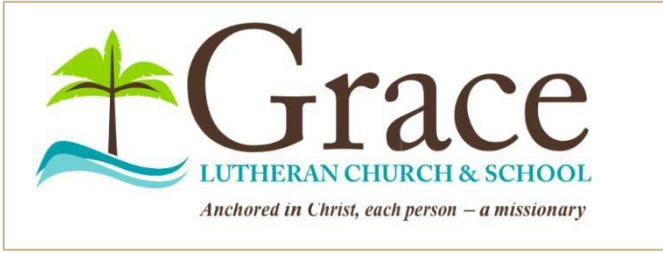
- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Report card at time or withdrawal |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Test Scores ((State Stanford, SAT) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Medical Physical | <input type="checkbox"/> Intellectual/Psychological Evaluations |

Any information you can give us to help in proper placement will be appreciated. If these records are not available at your school, please advise accordingly. Thank you for your cooperation. These records will be for the professional use of Authorized Monroe County/Grace Lutheran School personnel only.

Remember, parent permission is no longer required when records are requested by authorized Monroe County School/Grace Lutheran School personnel. (Family Education Rights and Privacy Act. Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No 118, Page 242763.)

Parent or Legal Guardian Signature: _____

Authorized School Personnel: _____



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Teacher Recommendation Form

Kindergarten (If student attended PK) – 8th Grade

Elementary Applicants-1 Recommendation Required; Middle Applicants-ELA and Math Teacher Recommendations Required

This section to be completed by the parent:

Student's Name: _____

I give permission for the teacher to provide this confidential recommendation (of the student listed above) directly to Grace Lutheran School.

Signature of parent: _____ Date: _____

The student below has applied to Grace Lutheran School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. The applicant's file will not be complete without the return of this form. Thank you for your prompt response.

Your Name: _____ Position: _____

School: _____

School Address: _____

School Phone: (____) _____ Grade in which applicant is enrolled: _____

How long have you known the applicant?

What are the first three words that come to mind to describe this student?

Has the applicant had any disciplinary problems? If so, please explain.

Are the parents supportive of your school and school policies? Yes ____ No ____

Please describe:

Please mark the appropriate response:

	Truly Outstanding	Excellent	Good	Average	Below Average	No Basis For Judgment
ACADEMIC EVALUATION						
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/ Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation of student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL EVALUATION

Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you consider the candidate extraordinarily strong or extraordinarily weak in any of the above areas, please elaborate. _____

How would you describe the applicant's current performance in Reading?

Below grade level _____ On grade level _____ Above grade level _____

How would you describe the applicant's current performance in Math?

Below grade level _____ On grade level _____ Above grade level _____

In Summary:

Please indicate the strength of your recommendation by checking the appropriate response.

• I recommend this student:

Enthusiastically _____ Strongly _____ Comfortably _____ With reservations _____

• I do not recommend this student: _____

Explanation:

Signature and Date: _____

Please return completed form as soon as possible to Grace Lutheran School's Office.

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