

# Shepherd of the Coast Lutheran School

## 2010 - 2011 Registration Form



Shepherd of the Coast Lutheran Church and School  
1901 East Commercial Boulevard + Fort Lauderdale, Florida 33308  
[www.shepherdofthecoast.org](http://www.shepherdofthecoast.org)  
PHONE: 954.772.5468 + FAX: 954.772.2232

## **Re-enrollment Procedure for Returning Students**

Registration packets for re-enrolling students will be distributed at the Registration Open House held in January. Registration discounts and tuition deferment plans are available to families meeting the early registration deadlines as designated in the registration packet.

## **Enrollment Procedure for New Students Applying for Admission**

Shepherd of the Coast Lutheran School affords students of any race, color, national and ethnic origin all the rights, privileges, programs and activities generally accorded, or made available, to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in the administration of its educational policies, scholarship, athletic and other school administered programs.

Information and registration forms may be obtained from the office. The following items should accompany the Registration Form and signed Commitment Form for registration at Shepherd of the Coast Lutheran School:

- 1. Application Fee**
- 2. Copy of Birth certificate**
- 3. Florida Immunization Certificate – Florida Department of Health Form #680**
- 4. School Entry Health Form – Florida Department of Health Form #3040**
- 5. Last report card (Grades 1-8)**
- 6. Last Achievement Test Results**
- 7. Two (2) letters of recommendation or recommendation forms from current or former teachers and/or administrators (Grades 5-8)**

An appointment will be set for students applying for grades Kindergarten through 8.

Children who, in the opinion of the principal and teacher, are not academically or developmentally ready to enter Kindergarten or First Grade may be requested to wait an additional year before admission to Kindergarten or First grade. Note that students enrolling in Kindergarten must reach their fifth birthday on or before September 1<sup>st</sup>.

### **Student Admission**

Once all the information has been received a decision will be made regarding admission to Shepherd of the Coast Lutheran School. The administrative office will inform the parent(s) of its decision when a student is accepted to the school. The Registration Fee must be paid in full within two weeks of acceptance in order to hold the student's place for the fall.

Note that all new students are on a probationary period for the first quarter of their attendance. If there is any unacceptable behavior (see disciplinary process in the Parent/Student Handbook) during the probationary period he/she will be removed from the school's roster.

Shepherd of the Coast Lutheran School and Learning Center admits students of any race, color, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at our school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational policies and other school-administered programs.

Shepherd of the Coast Lutheran School and Learning Center is a ministry of Shepherd of the Coast Lutheran Church. Shepherd of the Coast Lutheran Church is a member of the Lutheran Church-Missouri Synod. The students are from our congregation, other churches, and from families that have no church affiliation.

Student's Legal Name \_\_\_\_\_ Enrolling Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_  
Street City Zip

Parent's Marital Status: Married Widowed Separated Divorced Single Child Custody: Mother Father Joint Other: \_\_\_\_\_  
(Circle) (Circle)

Email Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Mother's occupation is \_\_\_\_\_ Father's occupation is \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Ethnic Origin: Student \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_  
(age) (age)

Church Affiliation: Mother \_\_\_\_\_ Father \_\_\_\_\_ Student \_\_\_\_\_

Baptized? No Yes Date \_\_\_\_\_ Are Student and Family active members of your church congregation? Yes No  
(Circle) (Circle)

Does the family attend church? Yes No Sometimes Does the student attend Sunday School? Yes No Sometimes  
(Circle) (Circle)

List any physical ailments, allergies, or handicaps the child has: \_\_\_\_\_  
\_\_\_\_\_

Does the child take any medication on a regular basis? No Yes Name of medication \_\_\_\_\_  
(Circle)

Are there any restrictions which would limit or exclude your child's full participation in physical education class? No Yes  
(Circle)

If yes, explain: \_\_\_\_\_

Does the student have any learning disabilities (diagnosed)? No Yes If yes, explain \_\_\_\_\_  
(Circle)

Student's Last School Attended: \_\_\_\_\_

Address City State Zip

Reason for choosing Shepherd of the Coast School: \_\_\_\_\_  
\_\_\_\_\_

# **COMMITMENT FORM 2010-2011**

## **To Christian Education...**

We ask our parents to:

1. Support the Teachers and Staff of Shepherd of the Coast as they daily instruct God's children in His Word.
2. Actively participate in our Parent Teacher League (PTL).
3. Encourage their children to do the very best they can in all areas of their education.
4. Promote the behavioral standards of Shepherd of the Coast as outlined in the Parent/Student Handbook.
5. Parent/Guardian must cooperate with Shepherd of the Coast authorities in the discipline of their child.
6. Attend parent-teacher conferences as scheduled by the school.
7. Attend the church of their choice in order to support the Christian values taught to Shepherd of the Coast students.

## **To Promote Participation...**

We require our parents to:

Serve 17 hours of their time to our P.R.I.C.E. Program (Parent Required Involvement in Christian Education).

1. I realize that it is my/our responsibility to ask or offer to serve where I can and not wait to be asked.
2. I understand that I will receive a credit of 5 hours for turning in 20 addressed, stamped envelopes for our annual Scholarship Drive.
3. I know that the hours I serve will be recorded in the school office in the P.R.I.C.E. Record Book.
4. Finally, I am aware that Shepherd of the Coast will assess a \$15.00 per hour fee for hours not served by May 1st, and that this fee will be assessed along with May tuition payment.

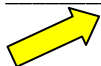
## **To Meet Financial Responsibilities...**

The family promises to pay all fees and tuition as concerns my child(ren) and:

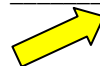
1. I am fully aware that the Registration/Book Fee is non-refundable.
2. I realize that tuition is to be paid on the first of each month beginning in August through May (10 monthly installments).
3. I am aware that any payment not received within 5 days of due date will result in a \$25.00 Late Fee Charge.
4. I am aware that any returned check will result in a \$35.00 Returned Check Charge.
5. Finally, I realize that all fees and tuition must be paid in order for student records to be transferred to any school.

**I have read and understand all of the above.**

Signed \_\_\_\_\_



(Signature of mother or guardian)



(Signature of father or guardian)

Date \_\_\_\_\_ Student Name \_\_\_\_\_