

Shepherd of the Coast Lutheran School

2024 - 2025 Enrollment Application



Shepherd of the Coast Lutheran Church and School

1901 East Commercial Boulevard + Fort Lauderdale, Florida 33308

www.sotcfl.org

PHONE: 954.772.5468 + FAX: 954.772.2232

Enrollment Procedure for New Students Applying for Admission

At Shepherd of the Coast Lutheran School, we are committed to providing an inclusive and diverse learning environment. We welcome students of any race, color, national, and ethnic origin, offering them all the rights, privileges, programs, and activities available at the school. Our educational policies, scholarships, athletic, and other school-administered programs are administered without discrimination on the basis of race, color, or national and ethnic origin.

Information and registration forms may be obtained from the office. The following items should accompany the Enrollment Application:

- 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) recommendation forms from current or former teachers and administrators (Grades 6-8)**
- 8. Results from the Shepherd of the Coast Placement Test (QUIC Inventory)**

Before admission, families need to schedule an interview with the administration. The administrator will need all academic information before this interview, including a copy of the last report card, the previous achievement test results, the Shepherd of the Coast admissions test result, and the complete current Individual Education Plan (IEP, if available). If the child is in grades 4-8, he or she must also be present at the interview. Students entering grades 4 – 8 will also need two completed recommendation forms from current or former teachers and administrators before admission. It is best that we receive these forms before the interview.

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. Note that students enrolling in kindergarten must reach their fifth birthday on or before September 1st, and students enrolling in Pre-Kindergarten must reach their fourth birthday on or before September 1st.

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 Tuition Agreement should then be completed, and registration fees need to be paid in full within two weeks of acceptance to hold the student's place for the fall.

Note that all new students are on probation for the first quarter of their attendance. If they exhibit unacceptable behavior or attendance issues (see disciplinary process in the Parent/Student Handbook) during the probationary period, they will be removed from the school's roster.

Shepherd of the Coast Lutheran School and Early Childhood 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 based on 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 Early Childhood Center is a ministry of Shepherd of the Coast Lutheran Church, a member of the Lutheran Church-Missouri Synod. The students come from our congregation, other churches, and families without church affiliation.

Applicant's Legal Name _____

Date of Birth _____ Nickname _____

Entering Grade: K 1 2 3 4 5 6 7 8 (circle one)

Mother's Name _____ Father's Name _____

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 _____

Names of Brothers and Sisters _____ (age) _____ (age)

Church Affiliation: Mother _____ Father _____ Student _____

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

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)

Has the applicant ever failed or repeated a grade? No Yes
(Circle)

Has the applicant ever been suspended, expelled, or asked to withdraw from a previous school? No Yes
(Circle)

Will the family be using the Family Empowerment with Unique Abilities Scholarship to assist with tuition? No Yes
(Circle)

Student's Last School Attended: _____

Address City State Zip

To the best of my knowledge the above information is accurate and true

Signed _____
(Signature of mother or guardian) (Signature of father or guardian)

Date _____

This Page for Office Use

Student: _____	Grade: _____	Registration Date _____
Testing Date: _____	Results: _____	Student ID # _____
Recommendation Form #1: _____	Recommendation Form #2: _____	
Report Card: _____	Achievement Test: _____	IEP: _____
Interview Scheduled: _____		Referral _____