



Osceola Adventist Christian School

2025-2026 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 Checklist

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

Items for Parent to Bring

- _____ Last Report Card
- _____ Birth Certificate
- _____ HRS Immunization Form 680
- _____ Physical Exam Form DH 3040
- _____ Step Up For Students Award Letter (if applicable)
- _____ VPK Form (Pre-K)
- _____ Registration Fee Paid _____

Office Use Only:

____ SUFS	Application Received	Date: _____
____ McKay	Admissions Committee Acceptance	Date: _____
____ VPK	Application Entered	Date: _____
____ PP	Promo Given	Date: _____
Bus Stop _____		



Student Information (Please print & complete all boxes)

Last Name	First Name	Middle Name	Name Preference	Grade Entering
Street Address		Race/Ethnic Group	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Primary Language Spoken at home	Social Security #	Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Date of Baptism: Membership at:

Mother / Legal Guardian Information (Please print & complete all boxes)

Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other	
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone	Relationship to Student	# Years of Education Completed
Work Phone	Email	Marital Status		Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Membership at:
Occupation	Employer	Employer Phone		

Father / Legal Guardian Information (Please print & complete all boxes)

Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other	
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone	Relationship to Student	# Years of Education Completed
Work Phone	Email	Marital Status		Baptized Seventh-day Adventist? <input type="checkbox"/> US <input type="checkbox"/> Other
				Membership at:
Occupation	Employer	Employer Phone		





2025-2026 Language & Education Information

Language Information

Is English the primary language spoken at home? _____ Yes _____ No
If no, what language is the primary language? _____

Is the family able to communicate in English? _____ Yes _____ No
The school will attempt to provide translation; however, if necessary, the family must provide a translator for communication and participation in activities. _____

Educational Background

Has the student ever had a psychological/educational assessment? _____ Yes _____ No
Has the student ever received exceptional/educational services? _____ Yes _____ No

If yes, which service _____ Comprehensive Education (small group remediation)
_____ Hearing Disabilities
_____ ESL (English as a Second Language)
_____ Speech Therapy
_____ Gifted
_____ Other _____

Has the student ever repeated a grade? _____ Yes _____ No
If yes, what grade and explain _____

Has the student ever skipped a grade? _____ Yes _____ No
If yes, what grade and explain _____

Has the student ever been suspended, expelled, asked to withdraw from school, arrested, or on probation? If Yes _____ No _____ explain _____

Has the student experienced any limitations? No _____ Yes _____ If yes which area, and explain _____

Legal Documents

Are there legal custody restraint documents? Yes _____ No _____
If yes, please make available all legal documents for school office records.

Custody: _____ Father _____ Mother _____ Both _____ Other _____



2025-2026 Emergency Contacts & Pick Up List

Student Transportation Information

My child will be going home by: _____parents' car _____carpool _____walk

_____	school bus
_____	bus stop

Emergency Contacts & Pick Up List

Emergency contacts will be permitted to pick up student 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.

	Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



2025-2026 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 Osceola Adventist Christian School 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 _____
Other: _____

Current Medications: _____

Family Doctor: _____
Doctor Name

Address _____ City _____ ST _____ ZIP _____
Phone Number _____

Preferred Hospital: _____

Insurance: _____ Policy No. _____ Group No. _____

Policy Holder: _____

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent to

(Student Name)

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 **OSCEOLA ADVENTIST CHRISTIAN SCHOOL**, 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.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original. ***I am responsible for any fees incurred not covered by insurance.***

Parent Signature

Date

2395 Fortune Road, Kissimmee, FL 34744

†

407.348.2226

†

oacsroots.org



2025-2026 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, 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: OACS 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.234.316.615. Nonpublic schools operating school buses seating less than 24 students must comply with state requirements."*

Florida Conference Policy: *"Drivers of school-owned vehicles are to complete and file a driver's questionnaire before transporting students."*

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 trip.

Your child shall be subject to the *OACS 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 OACS, its board members, employees, the Seventh-day Adventist Church, and all agents and associations of the church may not be held liable for injuries and damages that may arise out of, or in connection with, the field trip. Any injuries or damages 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 trip.

Field Trip Permission and Assumption of Risk

I hereby grant permission for my child, _____, to participate in the field trips and

(Student Name) associated activities during the school calendar year, subject to the *Special Procedures and Considerations* specified on this form. In consideration of OACS allowing my child to participate in the field trip and associated activities, I hereby release and hold harmless the school, its board members,

employees, the Seventh-day Adventist Church, and all agents and associations of the church 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 connection with, my child's participation in the field trip and associated activities. My child and I understand and appreciate the risks and dangers of my child's participation in the field trip and associated activities, and assume the risk of any and all damages, including personal injury, which the child may incur as a result of such participation.

Signature of Parent / Legal Guardian

Date

2395 Fortune Road, Kissimmee, FL 34744



407.348.2226



oacsroots.org



2025-2026 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, OACS 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 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 OACS in order to provide the child with a unique educational opportunity.
3. It is my desire and decision to enroll my child at OACS 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 OACS is a private school of choice, not entitlement.
6. As a parent of a student at OACS, 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 OACS 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. Osceola Adventist Christian School is not responsible for a child's lost or damaged property.
8. I 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 OACS 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.

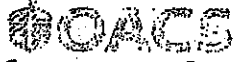
12. I will assist my child in using the online Lexia Core 5 (K-3) or Reading Plus (4-8) programs for at least 20 minutes daily.
13. I will limit television and video games during the week and allow my child more time to work on their coursework, reading, studying, and family time.
14. I will check my child's homework daily.
15. I will encourage my child to reach his or her academic level with deep commitment and enthusiasm for learning.
16. I will uphold the standards of the Seventh-day Adventist Church and the guidelines set forth in *Counsels to Parents, Teachers, and Students, Education, and The Adventist Home*.
17. I will cooperate with the teachers and administrator to help my student make measureable growth toward a personal relationship with Jesus.
18. I will help my child see and develop a positive attitude about the school and its faculty and staff.
19. 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.
20. 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

2395 Fortune Road, Kissimmee, FL 34744 † 407.348.2226 † oacsroots.org



Osceola Adventist Christian School
Technology Compliance Contract

Osceola Adventist Christian School 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 Osceola Adventist Christian School 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 OACS 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, technologic 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 Osceola Adventist Christian School contract. I understand that the internet and the computer are to be used for educational purposes only. I recognize that it is impossible for Osceola Adventist Christian School to restrict access to all controversial materials and acknowledge that ultimate responsibility for the internet use rests with the user. I will not hold Osceola Adventist Christian School 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 _____ Date _____

Student Name (please print) _____

Student's Signature _____

NOTE: BE PREPARED to be held accountable for any actions and for the loss of privileges if the Technology Compliance Contract is violated.



2025-2026 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 newspaper, 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 at any time you wish to change this form, please ask for a new one in the school office.



Osceola Adventist Christian School

REQUEST FOR STUDENT RECORDS

TO THE APPLICANT'S PARENT/GUARDIAN

Osceola Adventist Christian School requires official records from the applicant's current school in order to complete the application process. I, _____, hereby give permission to the Osceola Adventist

(Parent Name)

Christian School Secretary/Treasurer at 2395 Fortune Rd., Kissimmee, FL 34744, who acts as the school registrar, to request school records for _____

(Student Name)

to be sent to Osceola Adventist Christian School, 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

TO THE APPLICANT'S CURRENT SCHOOL

(Name of School)

(Phone Number)

(School FAX Number)

(Address)

(City)

(State)

(Zip Code)

The student named above has applied to Osceola Adventist Christian School. 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.

Lena Soares, Administrative Secretary



2025-2026 SCHOOL RECOMMENDATION FORM

Name of Student Applicant _____ Student Grade _____
(Print Student First and Last Name)

To the Parent: Please give this form to the student's current teacher. Please read and sign the statement below.

For the student named above, I acknowledge that I waive my right to read the confidential recommendations. I understand that the school's recommendations are to be sent directly to the school of application (Osceola Adventist Christian School), and will not be accepted unless received directly from the school. The individual person and institution who are providing this information is hereby released from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Osceola Adventist Christian School.

Name of Parent or Guardian (please print) _____

Phone number (____) _____

Signature of Parent or Guardian _____ Date _____

To the teacher of the last school the child attended: Please complete both sides of this form. This student is seeking admission to Osceola Adventist Christian School. A private Christian school requires that all students be of good character and able to live agreeably with their peers. We would appreciate your observations about the areas listed below. Please be assured that this information will be held in strict confidence, which it will be used solely for the admissions process.

Areas	1-At-Risk	2-Partially Proficient	3-Proficient	4-Advanced
Academic Ability				
Intellectual Promise				
Quality of Workmanship				
Integrity				
Conduct				
Class Participation				
Personal Qualities				
Maturation Level				
Leadership				
Self-Confidence				
Self-Control/Care and concern for others				
Selflessness				
Reaction to setbacks				
Respectfulness				



2025-2026 SCHOOL RECOMMENDATION FORM

1. Has the student ever committed a serious infraction of the school's policies? If so, please explain what happened & when.

2. Has the student ever been placed on probation or suspension? If so please explain what happen and when

3. Has the student ever been asked to leave the school or not offered readmission? If so please explain what happen and when

4. Is there any reason you would not offer re-enrollment to the student?

5. If your school is private/parochial, did the parent(s) meet their financial commitments in a timely manner? If not please explain.

6. Are there any other concern with the parent(s) or student that you believe could impact our decision to accept the student to our school? _____





Teacher's Name (please print) _____

Title _____

Teacher's Signature _____

Date _____

Name of School _____

Phone Number (____) _____

School
Address _____

City _____ State _____

Zip Code _____

When completed, please mail or fax this form directly to:

Osceola Adventist Christian School
Dr. Ancil Samuel, principal
2395 Fortune Road
Kissimmee, FL 34744
Fax: (407) 348-2226