

NEW STUDENT REGISTRATION FORM 2026-2027

✉ 2395 Fortune Rd.
Kissimmee, FL 34744
☎ 407-348-2226
✉ OACS@flcoe.org
🌐 OACSsda.org

INFORMATION

STUDENT NAME: _____
Last Name First Name Middle

GRADE ENTERING: _____

APPLICATION CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> Parent Contract |
| <input type="checkbox"/> Language & Education Form | <input type="checkbox"/> Technology Compliance |
| <input type="checkbox"/> Education Contact & Pick Up List | <input type="checkbox"/> Request for Student Records |
| <input type="checkbox"/> Consent to Treatment | <input type="checkbox"/> School Recommendation Form |
| <input type="checkbox"/> Field Trip Annual Permission Form | <input type="checkbox"/> Financial Agreement |

ITEMS FOR PARENTS TO BRING

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

Signature: _____ Date: / /

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted: Birth Certificate Immunization Records
 Proof of Address Other: _____

OFFICE USE ONLY:

- | | | |
|-----------------------------------|----------------------|-------------|
| <input type="checkbox"/> SUFS | Application Received | Date: _____ |
| <input type="checkbox"/> VPK | Application Entered | Date: _____ |
| <input type="checkbox"/> PP | Promo Given | Date: _____ |
| <input type="checkbox"/> Bus Stop | _____ | |

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Student name: _____

LANGUAGE & EDUCATION INFORMATION

LANGUAGE INFORMATION

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

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 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? Yes No

If yes, what grade and explain _____

Has the student ever experienced any limitations? Yes No

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: _____

Signature: _____

Date: / /

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CONSENT TO TREATMENT

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, we must have an inhaler in the office for your child)		
Diabetes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Allergies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other:					
Current Medications:					
Family Doctor:					
	<i>Address</i>	<i>City</i>	<i>ST</i>	<i>ZIP</i>	
Phone Number:					
Preferred Hospital:					
Insurance:	Policy No.:		Group No.:		
Policy Holder:					

I, the undersigned parent or legal guardian of _____, a minor, do hereby
(Student Name)

consent to any necessary X-ray, medical, surgical, or hospital care for my child under the supervision of a licensed physician. Reasonable efforts will be made to contact the listed doctor before another physician is called.

This consent is given in advance to allow **Osceola Adventist Christian School** or the treating physician to use their best judgment in providing care. Reasonable efforts will be made to contact parents/guardians or emergency contacts before this consent is used.

I authorize the release of my child from medical care to the school or designated agent after treatment. This consent remains in effect until revoked in writing and delivered to **Osceola Adventist Christian School**.

I authorize the release of medical information and records to the General Conference Insurance Service or its representatives. A copy of this authorization is as valid as the original. **I understand I am responsible for any costs not covered by insurance.**

Signature: _____ Date: / /

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FIELD TRIP ANNUAL PERMISSION & INFORMATION

Parents, please review the following information regarding field trips. To participate, an annual field trip permission form must be completed and submitted with your child's registration packet. Please ensure all consent-to-treatment information is kept current with the office.

Field Trips

Field trips are educational enrichment activities planned by teachers. Parents will be notified at least four (4) days in advance. Some trips may require a fee.

Transportation

Transportation will be provided by the OACS school bus, in compliance with Florida State Law and Florida Conference policy. All drivers of school-owned vehicles are properly approved and documented.

Participation & Expectations

- Participation is voluntary and requires written parent consent.
- Students are subject to all OACS Handbook policies and must follow all safety instructions during the trip.
- Field trips may involve risks beyond normal school activities, including potential injury or property damage. Parents are encouraged to ask questions about trip details and risks in advance.

Liability & Insurance

By granting permission, you acknowledge that OACS, its board members, employees, the Seventh-day Adventist Church, and affiliated agents are not liable for injuries or damages arising from participation (except in cases of willful or wanton misconduct). Such incidents may not be covered by school insurance; families are encouraged to carry appropriate personal insurance.

Permission & Assumption of Risk

I grant permission for my child, _____, to participate in school-sponsored field trips and related activities during the school year. I understand and assume all associated risks and agree to release and hold harmless OACS and its affiliated entities from any related claims or liabilities.

Signature: _____

Date: / /

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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, _____
(Parent's Name)
hereby give permission to the Osceola Adventist Christian School Secretary, 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.

Signature of Parent/Guardian

Date

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 for 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 IEP's or 504 plan, if applicable.
5. Attendance Records
6. Behavioral Records

With appreciation,
Lena Soares
Administrative Secretary

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SCHOOL RECOMMENDATION FORM

Name of Student _____ **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 waive my right to review this confidential recommendation. I understand it must be sent directly to Osceola Adventist Christian School and release the individual and institution providing it from all related liability.

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 applying for admission to Osceola Adventist Christian School. As a private Christian school, we seek students of good character who are able to interact positively with their peers. We appreciate your thoughtful observations in the areas listed. All information provided will be kept strictly confidential and used solely for the admissions process.

Teacher's Name (please print) _____

Title _____

Signature of Teacher _____ **Date** _____

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

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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?

School Name: _____

Phone Number: _____

School Address: _____

City *State* *Zip Code*

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

Osceola Adventist Christian School
Dr. Ancil Samuel, Principal
2395 Fortune Road Kissimmee, FL 34744
Fax: (407) 348-2140
Email: OACS@flcoe.org

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Student name: _____

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 **Osceola Adventist Christian 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 as indicated by my initials:

- _____ 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.

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PARENT CONTRACT

- _____ 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 measurable 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.

Signature: _____

Date: / /

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PARENT CONTRACT

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).

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

Signature: _____ Date: / /