

**ELFERS CHRISTIAN SCHOOL**

*A Ministry of First Baptist Church of Elfers*  
5630 Olympia St., New Port Richey, FL 34652  
Phone: (727)845-0235 Fax: (727)848-5135  
www.elferschristianschool.org



For Office Use Only		
Recvd By: _____	Date: _____	
Reg. Recvd \$ _____	Other Fees Recvd \$ _____	
Cash _____	Ch# _____	Grade Entering _____
Tour _____	SUFS LTR _____	PP _____ RenWeb _____
Adm Intrv _____	Grades _____	Other _____

**2017-18 Student Application**

**Required Student Information**

Student: First \_\_\_\_\_ Goes By \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Race: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Student's Cell Ph number: \_\_\_\_\_  
 Student's e-mail \_\_\_\_\_ Last school attended: \_\_\_\_\_  
 Sibling(s) at ECS: Y / N Names & Grades: \_\_\_\_\_  
 Will your child need after school care: Yes \_\_\_\_\_ ( AM PM Both ) No \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Dr. Phone number: \_\_\_\_\_  
 Special Classroom Needs? If so, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Resident Parent #1 Father / Mother / Guardian / (other)**

Parent/Guardian: First \_\_\_\_\_ Last: \_\_\_\_\_ Relation \_\_\_\_\_  
 Address: (If different from above) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Par #1 Email Address: (print) \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
 Family Home Church: \_\_\_\_\_ Active Family? Y / N Member? Y / N  
 \*If parents are separated, primary residency is with? \_\_\_\_\_ Joint Custody? \_\_\_\_\_

**Resident Parent #2 Father / Mother / Guardian / (other)**

Parent/Guardian: First \_\_\_\_\_ Last: \_\_\_\_\_ Relation \_\_\_\_\_  
 Address: (If different from above) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Par #2 Email Address: (print) \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
 Family Home Church: \_\_\_\_\_ Active Family? Y / N Member? Y / N

**How did you hear about ECS?** Mail \_\_\_\_\_ Friend \_\_\_\_\_ Radio \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Newspaper \_\_\_\_\_ Church \_\_\_\_\_ Internet \_\_\_\_\_  
 Current ECS Parent \_\_\_\_\_ (Name of student): \_\_\_\_\_

\*I/We understand that all State of Florida immunization and physical examination requirements must be met as part of the enrollment process (Chapter 232.032 Statute).

\*Permission is hereby given to use my child's picture in school brochures or other promotional publications.

**Signature of person enrolling child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Elfers Christian School

## 2017-18 Fee Schedule

### Registration Fee per student

A Registration Fee is required at the time of enrollment. This fee secures and reserves placement for each student. Payment in full is required.

\$375.00	Kindergarten	<i>*** The registration fee is paid as a commitment to ECS to reserve and hold classroom placement. It is non-refundable. The annual tuition includes books, standard texts, readers, workbooks, curriculum items and teacher resources. Additional supplement instructional items for the student may be required to be purchased by the parent throughout the year.</i>
\$495.00	Elementary (1 <sup>st</sup> -5 <sup>th</sup> Grades)	
\$495.00	Middle School (6 <sup>th</sup> -8 <sup>th</sup> Grades)	
\$495.00	High School (9 <sup>th</sup> -12 <sup>th</sup> Grades)	

*\*Eligible Seniors with Dual Enrollment schedules may qualify for discounts.*

### Annual K-12 Tuition

#### Elementary School (K-5)

\$4,700.00	Annual Tuition
\$4,230.00	Second Child
\$4,000.00	Third Child

#### Middle School (6-8)

\$4,800.00	Annual Tuition
\$4,320.00	Second Child
\$4,080.00	Third Child

#### High School (9-12)

\$5,100.00	Annual Tuition
\$4,590.00	Second Child
\$4,340.00	Third Child

#### Eligible HS Senior Tuition

\$4,000.00	**Senior's Fee \$175.00 Non-Refundable**
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**Tuition:** The annual tuition charge may be paid in advance or by a specific payment plan schedule. There is a 10 % discount in tuition for the second child and a 15 % discount for the third and subsequent children. *(The discount is calculated by tuition levels in descending order.)*

Please refer to the "Financial Contract & Agreement Form" for details and arrange your plan with the Registrar. If you wish to pay monthly, choose a plan that best fits your summer budget. On the 12 month plan, the first payment begins June 1<sup>st</sup>, with the final twelfth payment due May 1st. The basic 10 month plan is August – May. There is also a plan where the first payment is paid June 1st, *(skip July)* and the second payment is then due August 1<sup>st</sup>. The final tenth payment would be due April 1st. Billing statements are sent via e-mail each month for parent payment plans. Set up your ParentWeb RenWeb Acct.

**Statement of Account:** Your family's tuition statement and balance report (along with grades, assignments and student information) are available on-line. Activate your own EC-FL (school code) Parent Portal at RenWeb.com with your e-mail address. Monthly statements are e-mailed from ECS to all families.

**Late Fees:** \$40.00 per month is assessed for tuition and/or school fees received after the 10th of the month. All Scholarship Award Checks must be signed by the posted deadline to avoid a personal family account late fee.

**Referrals:** For each new student formally recommended to ECS, a referral discount of 10 % of a student's annual tuition can be earned and credited to your family account, after they have completed one semester. This referral recommendation must be noted on the new student application at the time of enrollment. The recommending parent must notify the school office in writing with a "letter of recommendation" before the enrollment becomes final. Multiple referrals for a single student are not eligible for credit. This is a "credit on account" and has no cash value.

**ELFERS CHRISTIAN SCHOOL**  
Financial Contract & Agreement Form

**For 2017-18**

Parent/Guardian: \_\_\_\_\_ (Primary on A/R Acct) e-mail \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Spouse/co-Guardian) e-mail \_\_\_\_\_

	STUDENT NAME	GRADE	EXTENDED CARE NEEDED		
#1	_____	_____	yes / no	AM	PM Both
#2	_____	_____	yes / no	AM	PM Both
#3	_____	_____	yes / no	AM	PM Both
#4	_____	_____	yes / no	AM	PM Both
#5	_____	_____	yes / no	AM	PM Both

FEES: *Contact office to verify your fees, total and payment schedule.*

	REG FEE	TUITION	DISCOUNT	MISC	TOTAL
STUDENT # 1					
STUDENT # 2					
STUDENT # 3					
STUDENT # 4					
STUDENT # 5					
*subtotals*					

SELECT PAYMENT PLAN: \_\_\_\_\_ TOTAL MONTHLY PAYMENT: \$ \_\_\_\_\_

- \_\_\_\_\_ Plan A: 10 monthly payments Aug 1<sup>st</sup> - May 1<sup>st</sup>
- \_\_\_\_\_ Plan B: 10 mo. pay June 1<sup>st</sup>, skip July, Aug 1<sup>st</sup> - April 1<sup>st</sup>
- \_\_\_\_\_ Plan C: 12 monthly payments June 1<sup>st</sup> - May 1<sup>st</sup>
- \_\_\_\_\_ Plan D: Quarterly (4) or Semester (2) payments begin Aug 1<sup>st</sup>

Verified by: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**CONTRACT & AGREEMENT:**

- 1 I agree to make monthly **payments by the first day of the month** or as contracted above.
- 2 I understand that I will be charged **\$40.00 late fee for payments made after the 10th** day of the month.
- 3 I understand that I will be charged **\$25.00 fee for each check returned** due to insufficient funds.
- 4 I agree to pay the amounts listed above, and **agree to keep my account current** for any and all school fees.
- 5 I understand that when my account becomes **45 days overdue, my child may be suspended** from class.
- 6 I understand **ECS Policy** is that should an account be delinquent for any and all school fees, **the student's grades and/or records will not be released** to any parent, guardian or school until paid in full.
- 7 I understand registration and materials fee **are nonrefundable**, unless the student is denied admission.
- 8 I understand school policies or any fee may be amended, when deemed necessary during the school year.
- 9 I (we) as parent/guardians agree to read, follow and support the student handbook, school policies and classroom requirements while my child(ren) is enrolled at ECS. I agree to support the spiritual, moral, dress, and disciplinary standards of the school as outlined and desire to have this type of education for my child.
- 10 If legal action is required to collect tuition, I, the undersigned, will be responsible to pay collection fees, attorney's fees and court costs.

My signature(s) indicates that I have read the above, and agree to abide by all the provisions.

SIGNATURE: \_\_\_\_\_  
*Parent/Guardian*
*Parent/Guardian*
*Date*

# Elfers Christian School Medical and Liability Release

**This must be completed and signed  
for each student enrolled.**

*A Notary Public is available in the school office for our families.  
Sign in the office and provide legal identification.*

Additional family/friend emergency contacts for **(Student)** \_\_\_\_\_ Gr: \_\_\_\_\_

\*\* I have already updated all required information in RenWeb's ParentWeb and it is current \_\_\_\_\_ (yes / no)

Contact #1 Name: \_\_\_\_\_ Ph#: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_ relation \_\_\_\_\_ Pick Up Y / N

Contact #2 Name: \_\_\_\_\_ Ph#: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_ relation \_\_\_\_\_ Pick Up Y / N

Contact #3 Name: \_\_\_\_\_ Ph#: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_ relation \_\_\_\_\_ Pick Up Y / N

Contact #4 Name: \_\_\_\_\_ Ph#: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_ relation \_\_\_\_\_ Pick Up Y / N

Contact #5 Name: \_\_\_\_\_ Ph#: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_ relation \_\_\_\_\_ Pick Up Y / N

Please give a **brief medical history** of any **special needs**; physical or medical.

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List any **current Rx medications** your child is taking. *(ER Doctor will ask these questions.)*

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Date of **last tetanus shot**: \_\_\_\_\_

Please list any **known allergies**:

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### **Hold Harmless Agreement:**

"I hereby give my permission for **(student)** \_\_\_\_\_ **to receive medical treatment in case of accident or injury** while at Elfers Christian School, a ministry of the First Baptist Church of Elfers, or while traveling to or from an activity with Elfers Christian School. I further release Elfers Christian School, any and all of their employees, or other persons involved with the group, from any liability in regards to such an accident or injury."

X \_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary                      Expiration Date/ Seal

X \_\_\_\_\_  
ECS Staff Witness

# Parent & Student Handbook Agreement

As a Student, I have been provided full and free access to the E.C.S. Student Handbook, either online or a printed hard copy in its entirety. I have read and/or reviewed and/or discussed the handbook, its content and my responsibility as an enrolled member of the ECS Student Body with my parents/guardians.

I agree to display and exhibit a cooperative spirit in regards to these expectations throughout my enrollment, whether on campus or off campus, and to voluntarily commit to abide by the policies, guidelines, and/or rules of Elfers Christian School.

_____	X _____
Printed Name & Grade of Student #1	Signature of Student
_____	X _____
Printed Name & Grade of Student #2	Signature of Student
_____	X _____
Printed Name & Grade of Student #3	Signature of Student

\_\_\_\_\_  
Date



As Parent/Guardians, we have been provided full and free access to the E.C.S. Student Handbook, either online or a printed hard copy in its entirety. We have read and/or reviewed and/or discussed the handbook as parents and with our enrolled children in an age appropriate manner. We fully understand its content and our responsibility as an enrolled family with ECS.

We as parent/guardians agree to display and exhibit a cooperative spirit in regards to either student expectations or specific parent expectations throughout our children's enrollment, whether on campus or off campus, and to voluntarily commit to requiring our children to abide by the policies, guidelines, and/or rules of Elfers Christian School.

We will prayerfully commit to a supportive and cooperative spirit, to be in harmony with the school, its Student Handbook, its Christian ideals, its Biblical standards of morals and character, and will direct and encourage our child(ren) to abide by them. We hereby pledge our full cooperation.

At any time we find ourselves out of harmony, out of step or in disagreement to the point of contention or irreconcilable discord, we may not fully agree – however, we will “lovingly agree to disagree” and allow the school to operate within its preferences or policies. As parent/guardians we are here and committed to ECS voluntarily and by our choice. If such disagreement or contention arises to a level unacceptable to us, we understand we are open to and free to choose to dis-enroll our children at any time.

_____	X _____
Printed Name of Father/Guardian	Signature of Father/Guardian
_____	X _____
Printed Name of Mother/Guardian	Signature of Mother/Guardian

\_\_\_\_\_  
Date

\* PLEASE, sign and return this form to complete your application or annual re-enrollment. It will be placed in your child's cumulative folder as a matter of record.

## Release of Records

### ELFERS CHRISTIAN SCHOOL K-12

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5630 Olympia St., New Port Richey, FL 34652

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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_ Yr: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**The student listed above: ( ) is applying ( ) is interviewing ( ) has enrolled.  
Please send cumulative information including:**

- \_\_\_\_ Transcripts of grades                      \_\_\_\_\_ Copy and Transfer of "Entire Cumulative File"  
\_\_\_\_ Grades at time of withdrawal  
\_\_\_\_ I.E.P.'s or E.S.E. Documentation  
\_\_\_\_ Test scores, FCAT, SAT, ITBS, etc.  
\_\_\_\_ Behavioral or disciplinary records  
\_\_\_\_ Health and immunization records  
\_\_\_\_ Copy of birth certificate and social security card

If the student left during a grading period, please indicate withdrawal grades earned for that period. Any further information you can give us to help with proper placement will be appreciated. If these records are unavailable, please advise or forward accordingly.  
Thank you for your assistance and early attention on this request.

### **Please forward all records to:**

**Elfers Christian School**

**5630 Olympia St, New Port Richey, FL 34652.**

**Phone: (727) 845-0235 Fax: (727) 848-5135**

**To e-mail records to Principal use: *RRobertson@ElfersChristianSchool.org***

These records will be for the professional use of authorized personnel only. Please be advised that parental permission is no longer required when records are requested by authorized personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records. Federal Register, June 1976, Vol. 41, No. 118).

X \_\_\_\_\_ Printed name: \_\_\_\_\_

Authorized signature      Date: \_\_\_\_\_