

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
Office@elferschristianschool.org



For Office Use Only

Recvd By: _____ Date: _____
Reg. Recvd \$ _____ Other Fees Recvd \$ _____
Cash _____ Ch# _____ Grade Entering _____
SUFS__ FES__ FES-UA__ AAA__ PP__
Tour__ Grades__ Adm Intrv__ F-SIS__
Note: _____

2023-24 Student Application

Required Student Information

Student: First _____ Goes By _____ Middle: _____ Last: _____
Gender: _____ Birthdate: _____ Soc. Sec. #: _____ Race: _____
Address: _____ City: _____ State: _____ Zip: _____
Student's Cell Ph number: _____ Home Phone: _____
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: _____
Classroom Accommodations or Special Needs? If so, please briefly explain:

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

Parent/Guardian: First _____ Last: _____ Relation _____
Address: (If different from above) _____
City: _____ State: _____ Zip: _____ Birthdate: _____
Cell Phone: _____ Home 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: _____
Cell Phone: _____ Home 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

2023-24 Fee Schedule

Registration Fee per student

A Registration Fee is required at the time of enrollment. Payment in full is required.

This fee secures and reserves placement for each student. All forms must be completed and signed.

\$495.00	Kindergarten	*** 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.
\$495.00	Elementary (1 st -5 th Grades)	
\$495.00	Middle School (6 th -8 th Grades)	
\$495.00	High School (9 th -12 th Grades)	
*Eligible Seniors with Dual Enrollment schedules may qualify for discounts.		

Annual K-12 Tuition

Elementary School (K-5)

\$7,000.00	Annual Tuition
\$6,300.00	Sibling Disc (-10%)

Middle School (6-8)

\$7,000.00	Annual Tuition
\$6,300.00	Sibling Disc (-10%)

High School (9-12)

\$7,300.00	Annual Tuition
\$6,570.00	Sibling Disc (-10%)

Eligible HS Senior Tuition

\$4,000.00	**Senior Fee \$175.00
	Non-Refundable**

Supplemental School Fees

\$100.00	(7-12) Field Trips
\$ 50.00	(K-6) Field Trips
\$ 50.00	(K-12) Yearbook

Athletic Dept Fees

\$225.00	JV & Varsity Team Sports @\$75 ea.
\$ 50.00	MS/HS PE Uniform Sets @\$25 ea.
\$ 25.00	ECS Annual Spirit Shirt

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 additional siblings. (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 1st, 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 1st. 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 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 FactsMgt.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.

Scholarship Awards must be approved online by the Parent 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 2023-24

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

SUFS ____ FES ____ FES-UA ____ AAA ____ ECSFA ____ PP ____

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

	REG FEE	TUITION	OTHER FEES	NOTES	SCHOLARSHIPS	TOTAL
STUDENT #1						
STUDENT #2						
STUDENT #3						
STUDENT #4						
STUDENT #5						
subtotals						

SELECT PAYMENT PLAN:

TOTAL MONTHLY PAYMENT: \$ _____

_____ Plan A: 10 monthly payments Aug 1st - May 1st

_____ Plan B: 10 mo. pay June 1st, skip July, Aug 1st - April 1st

Verified by: _____

_____ Plan C: 12 monthly payments June 1st - May 1st

_____ Plan D: Quarterly (4) or Semester (2) payments begin Aug 1st

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: _____

** _____ (YES) **I have already updated** all required information in **FACTS Parent Portal** and it is current.

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

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

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

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

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

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

Date of **last tetanus shot**: _____

Please list any **known allergies**:

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 *(Required annually)*

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.

Printed Name & Grade of Student #1

X _____ date _____
Signature of Student

Printed Name & Grade of Student #2

X _____ date _____
Signature of Student

Printed Name & Grade of Student #3

X _____ date _____
Signature of Student

Printed Name & Grade of Student #4

X _____ date _____
Signature of Student



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.

An ECS student who is evaluated and determined as "being out of harmony" with the goals, mission, philosophy, Biblical principles of moral conduct or purpose of First Baptist Church of Elfers, Inc. and/or Elfers Christian School, may be requested to withdraw or be dis-enrolled by the administrator/principal even though no specific breach of policy or rules are violated. Students will be expected to cooperate with both the "Spirit and the letter of the law" of the Student Handbook, class rules, policies and guidelines, as it pertains to their school enrollment and personal growth within the ministry of ECS & First Baptist Church of Elfers.

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.

Printed Name of Father/Guardian

X _____ date _____
Signature of Father/Guardian

Printed Name of Mother/Guardian

X _____ date _____
Signature of Mother/Guardian

* 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
A Ministry of First Baptist Church of Elfers
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: Office@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: _____