



OFFICE USE ONLY

GRADE: _____ TEACHER: _____

STUDENT ID# 1319-_____

ENROLLMENT DATE _____

FES FES-UA STEP UP FOR STUDENTS

TEMPLE COLLEGE PREPARATORY (TCP)
STUDENT INFORMATION ENROLLMENT FORM
 Phone: (904) 598-0078 Fax: (904) 598-0079

PLEASE PRINT CLEARLY: FES/FES-UA/SUFS SCHOLARSHIP TRANSFER: _____ (YES/NO)

Enrollment Date: _____

Student's Legal Name _____ D.O.B. _____ Sex: Male _____ Female _____

Last First Middle

Current Grade Level _____ Student Social Security # _____ Hm. Phone # _____

Home Address _____

Street Apt# City ST Zip

Email address: _____

Race/Ethnic: White Black Hispanic Asian Am. Indian Multiracial Other _____

Name of Sibling _____ Grade: _____ Second Sibling _____ Grade: _____

Name of Third Sibling _____ Grade: _____ Fourth Sibling _____ Grade: _____

(List all others on the back on this sheet.)

PREVIOUS SCHOOL ATTENDED: _____ Phone # _____

Address of School _____ City _____ ST _____

Does your child have an IEP (Individual Educational Plan)? YES NO

PARENT/GUARDIAN INFORMATION

* Child primarily lives with: ((Please Check One): Both Parents Mother Step Mother Grandmother

Father Step Father Grandfather Other (Please explain) _____

*Mother/Legal Guardian Name _____ Relationship to Child _____

*Parent/Legal Guardian Social Security # for Scholarship Verification _____

Material Status: Never Married Married Legally Separated Divorced Divorced & Remarried Widowed

Home/Mailing Address: _____

Employer _____ Work Phone # _____ Cell Phone # _____

*Father/Legal Guardian Name _____ Relationship to Child _____

Material Status: Never Married Married Legally Separated Divorced Divorced & Remarried Widowed

Home/Mailing Address: _____

Employer _____ Work Phone # _____

Business Address _____ Cell Phone # _____

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING PERSON:

Name _____ Address _____ Phone# _____

AUTHORIZED PERSONS TO PICKUP STUDENT

Temple College Preparatory (TCP) understands that scheduling for working parents will sometimes inconvenience them from either bringing or picking-up their child. Please, list **All Persons** who are authorized to pick up your child from TCP. One copy of the persons ID/Drivers license/Authorized card must be on file in the front office in order for us to release the student. If necessary, please attach a second sheet with additional names. We advise that you stay on the side of caution and limit the number of persons who will pick-up your child. If ever there is a need for anyone else to pick-up your child, **you must call TCP front office to notify us AND the person must be 18 years of age with ID.** We want to keep our children safe.

ALL PERSONS MUST SHOW ID/DRIVERS LICENSE/AUTHORIZED CARD WHEN SIGNING THE STUDENT OUT

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

HEALTH INFORMATION

Is your child seen regularly by a physician? YES NO

List any health conditions such as: heart disease, diabetes, epilepsy, severe allergies, special needs, challenges or chronic conditions.

Condition/Explanation: _____

DOCTOR'S NAME: _____ PHONE #: _____

HOSPITAL CHOICE: _____ PHONE #: _____

Authorization for Emergency Medical Aid

I, the undersigned do hereby authorize officials of Temple College Preparatory to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of the child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child. I will assume full financial responsibility for the emergency care and/or transportation for said child and will not hold the church/school financially responsible.

Parent/Legal Guardian Signature: _____ Date: _____

MEDIA CONSENT YES NO

I grant permission to The Director and Staff of Temple College Preparatory to use me/my and my student's photo/name/video image in photographs, videos and audiotapes for use and/or publishing in school publications, public relations, and advertisement materials, including the website.

Parent/Legal Guardian Signature: _____ Date: _____

REQUIRED ITEMS TO COMPLETE STUDENT REGISTRATION

The following items are needed to complete your child's registration:

Student Information:

- _____ New Temple College Preparatory Enrollment Form
- _____ Previous School Record or Report Card
- _____ Copy of Birth Certificate
- _____ Copy Social Security Card
- _____ Updated Immunization Record (see attached sample)
- _____ Physical Exam Record (see attached sample)
- _____ Step Up For Students Award Number
- _____ Copy of Individual Education Plan (IEP)

Parent/Guardian Information:

- _____ Parent/Guardian Picture ID and Social Security Card
- _____ Parent/Guardian Driver's License or Person authorized to pick up student at school

Per the Florida Statutes Sections 1002.42 and 1003.22 (3) TO (11) all student records are required before a student can attend public or private school. All students whose birth certificate, social security card, immunization and physical exam records are not submitted within 45 days of the first day of school will be dismissed from the school. Parents and guardians must provide records as soon as possible to comply with state regulations. If you have any questions please contact us at 598-0078 or stop by the main office.

Thank You,

Dr. James E. Parris, Jr., EdD.

Director/Principal

*****FOR 7th THROUGH 12th GRADE STUDENTS ONLY*****

Temple College Preparatory School needs a complete school history to request academic records for the purpose of compiling graduation requirements, including assessing and determining a curriculum track record for each student. List every school the student has attended in Middle and High School. If you cannot remember the address and phone number simply write in the name of the school, the city of the school and state where the school is located. In addition, write the year the student attended the school.

PREVIOUS ATTENDED: _____ Years Attended: _____

Address of School: _____

City _____ State _____ Zip _____

Phone no. _____ Fax no. _____

PREVIOUS ATTENDED: _____ Years Attended: _____

Address of School: _____

City _____ State _____ Zip _____

Phone no. _____ Fax no. _____

PREVIOUS ATTENDED: _____ Years Attended: _____

Address of School: _____

City _____ State _____ Zip _____

Phone no. _____ Fax no. _____

PREVIOUS ATTENDED: _____ Years Attended: _____

Address of School: _____

City _____ State _____ Zip _____

Phone no. _____ Fax no. _____

PREVIOUS ATTENDED: _____ Years Attended: _____

Address of School: _____

City _____ State _____ Zip _____

Phone no. _____ Fax no. _____

Additional Information

What is your highest aspiration for your student as it relates to education? High School Diploma Only? _____

College? _____ Technical School? _____ Regular Workforce only? _____

I, the undersigned hereby confirm that all the information on this application is true and accurate.

Parent/Legal Guardian Signature: _____ **Date:** _____

TEMPLE COLLEGE PREP UNIFORM POLICY

Temple College Preparatory School (TCP) is accredited by the Florida League of Christian Schools (FLOC) and the International League of Christian Schools (ILCS). Our five year accreditation gives us the right and privilege to issue high school diplomas, valid in any state and several foreign countries, to deserving students. TCP's national accreditation has a mandatory requirement that stipulates all students must be in uniform on a daily basis. If this requirement is violated our accreditation could be revoked. Therefore, a uniform fee is assessed at a rate of \$5.00 per day for any student that is not in uniform and violates our accreditation policy.

Uniforms are to be neat, clean, presentable and maintained daily. Our uniforms are as follows:
Elementary Students: Boys -white polo shirt with navy blue pants. Girls – white polo blouse with navy blue Skort or skirt with shorts underneath. Girls may also wear a one-piece jumper. All shirts and blouses are to have the school's crest. Boys and girls pants, Skorts/ jumpers are not required to have the school's initials.

Physical Education Uniform: All elementary students shall have school approved white Tee-shirt with school's name and school approved navy blue gym shorts. A plain white Tee-shirt and basic navy blue shorts with no added colors, letters, initials, graphics or designs on the Tee-shirt or shorts is also permitted.

Middle and High School Students: Boys -white Oxford shirt with navy blue neck-tie, navy blue pants and black belt. Girls – white Oxford blouse with navy blue Skort or skirt with shorts underneath. Girls may also wear navy blue pants. All shirts and blouses are to have the school's crest. Boys and girls pants and Skorts are not required to have the school's initials.

Physical Education Uniform: All upper grade students shall have school approved white Tee-shirt with school's name and school approved navy blue gym shorts. A plain white Tee-shirt and basic navy blue shorts with no added colors, letters, initials, graphics or designs on the Tee-shirt or shorts is also permitted.

LUNCH PROGRAM

Lunch fee is waived for the entire school year until further notice.

TRANSPORTATION POLICY

The State of Florida Department of Education (D.O.E.) spends approximately \$18,000.00 per public school student. State scholarship programs only pays private schools approximately \$6,500 to \$7,500 per student. TCP accepts this for a student's annual tuition. Therefore, private schools across the state assess parents a transportation fee to help offset bus transportation and other school costs.

TCP makes each parent aware, when students are enrolled, that student fees are required to be paid on a timely basis. State scholarship payments mainly pay for teacher salaries, utilities and general school operations. The student fees help TCP maintain its contractual commitment with various businesses. TCP has a bus contract for morning and afternoon pick up, and drop off. Therefore, TCP assesses all students \$8.00 per week for bus transportation. Families with two students will be pay a reduced rate of \$5.00/student per week. Families with more than two students will pay \$2.50 per student per week. If all bus students paid on time it would still only cover 50% of our annual transportation cost.

(M.S./H.S.) Student Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____