



STUDENT INFORMATION

FIRST NAME

LAST NAME

MIDDLE

SOCIAL SECURITY NUMBER

BIRTHDATE

GENDER

PARENT/GUARDIAN INFO.

PHONE (PRIMARY NUMBER)

PHONE (SECONDARY NUMBER)

FATHER'S FIRST NAME

LAST NAME

MOTHER'S FIRST NAME

LAST NAME

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP CODE

EMERGENCY INFORMATION

CONTACT NAME (PRIMARY)

CONTACT PHONE

CONTACT NAME (SECONDARY)

CONTACT PHONE

ANY ALLERGY / MEDICATION: _____

ADDITIONAL INFORMATION: _____



STUDENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--

MIDDLE

MEDICAL RECORD

D	R.																		
---	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHYSICIAN NAME

()														
---	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OFFICE PHONE

FLORIDA LAW REQUIRES THAT EVERY STUDENT ENROLLING IN A FLORIDA SCHOOL BE PROPERLY IMMUNIZED OR HAVE A SIGNED WAIVER ON FILE AT THE SCHOOL. IN ADDITION, THIS RECORD MUST BE ON A FLORIDA FORM. CHILDREN ENTERING OR ATTENDING THE 7TH GRADE WILL ALSO BE REQUIRED TO HAVE COMPLETED THE FOLLOWING: HEPATITIS B VACCINATION SERIES, A SECOND MEASLES VACCINATION OR MMR AND A TETANUS-DIPHTHERIA BOOSTER. IF THE IMMUNIZATION RECORD OR SIGNED WAIVER IS NOT ON FILE, IN ACCORDANCE WITH THE LAW, STUDENT WILL NOT BE PERMITTED TO ATTEND LAKE PREPARATORY SCHOOL.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MEDICAL INSURANCE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POLICY HOLDER NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POLICY NUMBER

MEDICAL RELEASE

IN THE EVENT OF AN EMERGENCY OR NON-EMERGENCY SITUATION REQUIRING MEDICAL TREATMENT, I GRANT PERMISSION FOR ANY AND ALL MEDICAL AND/OR DENTAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF AN ACCIDENTAL INJURY OR ILLNESS. THIS PERMISSION INCLUDES, BUT IS NOT LIMITED TO, THE ADMINISTRATION OF OVER THE COUNTER MEDICATION (ADMINISTERED ACCORDING TO DIRECTION ON LABEL), FIRST AID, AND THE USE OF AN AMBULANCE FOR EMERGENCY IN THE EVENT MY CHILD HAS TO BE TRANSPORTED TO A HOSPITAL.

I UNDERSTAND THAT LAKE PREPARATORY SCHOOL, THEIR EMPLOYEES, AND REPRESENTATIVES WILL HAVE THE SAFETY OF MY CHILD IN THEIR BEST INTEREST AND WILL ATTEMPT TO CONTACT ME AND/OR THE EMERGENCY CONTACT PERSON AT THEIR EARLIEST CONVENIENCE.

MY SIGNATURE ALSO SERVES TO INDICATE MY WILLINGNESS TO PAY ALL COSTS AND EXPENSES INCURRED IN CONNECTION WITH SUCH MEDICAL AND/OR DENTAL SERVICES RENDERED TO MY CHILD. I AGREE TO HOLD HARMLESS LAKE PREPARATORY SCHOOL, THEIR EMPLOYEES, AND REPRESENTATIVES FROM ANY AND ALL LIABILITIES AND CLAIMS FOR PERSONAL INJURY, ILLNESS OR DEATH, AS WELL AS PROPERTY OR PERSONAL DAMAGE AND EXPENSES OF ANY NATURE WHATSOEVER. THIS CONSENT AND RELEASE WILL BE IN EFFECT FOR THE CURRENT SCHOOL TERM AND WILL TERMINATE THEREAFTER.

PARENT/GUARDIAN SIGNATURE

DATE



2020-2021 Annual Tuition/Fee Schedule

Program	Days per week	Advance/Deposit Fee*	Annual Tuition**	Annual Student Fees***	Lab Fees	Annual Robotic Fee	Annual Wheel Fee	After Care Hourly Fee
PRIMARY PK2 PK3PK4 8:00- 11:30	3	\$500	\$7100 \$660/month	\$400	N/A	N/A	N/A	\$6.65
PRIMARY PK3 PK4 8:00- 2:30	5	\$500	\$7500 \$700/month	\$400	N/A	N/A	N/A	\$6.65
LOWER Kindergarten Thru 2 nd Grade	5	\$500	\$7950 \$745/month	\$400	N/A	N/A	N/A	\$6.65
UPPER 3 rd thru 5 th Grade	5	\$500	\$7950 \$745/month	\$400	N/A	\$125	N/A	\$6.65
MIDDLE SCHOOL 6 th -8 th Grade	5	\$500	\$7950 \$745/month	\$450 Includes \$50 Athletic Fee	\$50	\$125	\$185	\$6.65

®Please note that there will be no reduction of monthly tuition because of vacations, absences, short months, or late admission, entire school year must be paid in full. Tuition Fees are due by the 10th of each month. A fee of \$25 will be charged for all late payments. Two consecutive months of no payment will result in your child being expelled from Lake Preparatory School.

* EACH CHILD'S TUITION IS BASED ON A FULL SCHOOL YEAR'S ENROLLMENT OF 10 MONTHS. A NONREFUNDABLE ADVANCE/DEPOSIT OF \$500 IS REQUIRED FOR ENROLLMENT FOR EVERY CHILD. THIS ADVANCE PAYMENT WILL BE DEDUCTED FROM THE TOTAL TUITION AMOUNT.

**FOR YOUR CONVENIENCE, YOU CAN SELECT TO MAKE EQUAL MONTHLY PAYMENTS, WHICH ARE BASED ON THE SCHOOL'S YEARLY TUITION, TWO PAYMENTS FOR THE SCHOOL YEAR, OR ONE PAYMENT. PLEASE INITIAL ONE BOX, AND CIRCLE PROGRAM.

*** PLEASE NOTE THAT ALL STUDENTS MUST PAY ANNUAL FEES. THESE ARE NOT COVERED BY ANY SCHOLARSHIPS.

<input type="checkbox"/>	MONTHLY PAYMENTS----10 MONTHLY EQUAL PAYMENTS
<input type="checkbox"/>	TWO EQUAL PAYMENTS---TWO EQUAL PAYMENTS (2% DISCOUNT) PLUS \$500 DEPOSIT (FIRST PAYMENT DUE BEFORE JULY 1ST, SECOND PAYMENT DUE BEFORE DECEMBER 1ST)
<input type="checkbox"/>	ONE PAYMENT ONLY (5% DISCOUNT) PLUS \$500 DEPOSIT (PAYMENT IS DUE BEFORE JULY 1ST TO RECEIVE FULL DISCOUNT)

PARENT/GUARDIAN

DATE