

Instructional Calendar 2024-2025

FIRST DAY OF SCHOOL FOR STUDENTS -----Monday, August 12, 2024

STUDENT EARLY DISMISSAL -----Friday, August 30, 2024

HOLIDAY (Labor Day) -----Monday, September 2, 2024

FIRST INTERIM REPORT

STUDENT EARLY DISMISSAL-----Friday, September 20, 2024

End of First Quarter (48 Days) -----Thursday October 17, 2024

STUDENT EARLY DISMISSAL----- Friday, October 18, 2024

First Quarter Report Cards (1st 9 weeks) -----Monday, October 29, 2024

HOLIDAY (Veterans Day) -----Monday, November 11, 2024

SECOND INTERIM REPORT

STUDENT EARLY DISMISSAL -----Friday, November 22, 2024

HOLIDAYS----- Monday-Friday, November 25-29, 2024

END OF FIRST SEMESTER (87 Days)

STUDENT EARLY DISMISSAL -----Friday, December 20, 2024

WINTER BREAK BEGINS----- Monday, December 23, 2024

HOLIDAY----- (New Year's Day Observed Wednesday, January 1, 2025

STUDENT/TEACHER RETURN END OF WINTER BREAK -----Wednesday, January 8, 2025

Second Quarter Report Cards (2nd 9 weeks)

STUDENT EARLY DISMISSAL -----Friday, January 17, 2025

HOLIDAY (Dr. MLK Jr. Day) -----Monday, January 20, 2025

THIRD INTERIM REPORT

STUDENT EARLY DISMISSAL-----Friday, February 14, 2025

HOLIDAY (President's Day) ----- Monday, February 17, 2025

Third Quarter Report Cards (3rd 9 weeks)

STUDENTS EARLY DISMISSAL -----Friday, March 14, 2025

SPRING BREAK WEEK -----Monday-Friday, March 17-21, 2025

FOURTH INTERIM REPORT

STUDENTS EARLY DISMISSAL----- Friday, April 17, 2025

STUDENT EARLY DISMISSAL-----Friday, May 16, 2025

HOLIDAY (Memorial Day) -----Monday, May 26, 2025

Graduation-Students Early Dismissal

Fourth Quarter Report Cards (4th 9 weeks)-----Thursday, May 29, 2025

Graduation Exercise-----Thursday, May 29, 2025

END OF SCHOOL YEAR----- Friday, May 29, 2025

The following dates have been selected as the Ten (10) Student Early Dismissal for the School Year:

Friday, August 30, 2024	Friday, January 17, 2025
Friday, September 20, 2024	Friday, February 27, 2025
Thursday, October 18, 2024	Friday, March 14, 2025
Friday, November 22, 2024	Friday, April 17, 2025
Friday, December 20, 2024	Friday, May 16, 2025

Parents should visit the Parent Portal (<https://SUFS.ORG>) to view and approve your child(ren) award for scholarship enrollment/ disbursement.

Daily Schedule

Morning Arrival Breakfast	7:30 – 8:00
Period 1	8:00 – 8:55
Period 2	8:55 – 9:50
Period 3	9:50 – 10:45
Period 4	10:45 – 11:40
Lunch Break	11:40 – 12:10
Period 5	12:10 – 1:05
Period 6	1:05 – 2:00
Period 7	2:00 – 2:55
Afternoon Dismissal	2:55 – 3:30

Early Release Schedule

Morning Arrival	7:30 – 8:00
Period 1	8:00 – 8:30
Period 2	8:30 – 9:00
Period 3	9:00 – 9:30
Period 4	9:30 – 10:00
Period 5	10:00 – 10:30
Period 6	10:30 – 11:00
Period 7	11:00 – 11:30

LUNCH 11:30 – 12:00

FSCA Enrollment Application 2024-2025

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Today's Date: _____

Student's Last Name (Jr., III, etc.) Student's First Name Student's Middle Name Grade

Student's Cell Number Mother's Cell Number Father's Cell Number Home Telephone #

Student Lives with:

Both Parents: _____ Mother Only: _____ Father Only: _____ Parent & Step Parent: _____

Foster Care: _____ Legal Guardian Name/Names: _____

Is student: Male: _____ Female: _____ Student Birthdate: (mm/dd/yyyy) _____

Student Birthplace: _____
City State County Country

Mother's Name on Birth Certificate: _____

Father's Name on Birth Certificate: _____

Ethnicity of Student: Hispanic/Latino – Yes or No Language Spoken at Home: _____

Race of student: (Note: Hispanic/Latino is not a race)

White: _____ African American/Black: _____ American Indian/Native Alaskan: _____ Asian: _____

Native Hawaiian or Pacific Islander: _____

Residential Address – Street Name & #/Apt. # City Zip Code

Mailing Address – Street Name & #/Apt. # City Zip Code

Student's Last Name (Jr., III, etc.) Student's First Name Student's Middle Name Grade

Transportation – Morning: Car _____ School Bus/Van _____

Transportation – Afternoon: Car _____ School Bus/Van _____

Brothers or Sisters in School:

Name: _____ Grade: _____ School if other than FSCA: _____

Name: _____ Grade: _____ School if other than FSCA: _____

Name: _____ Grade: _____ School if other than FSCA: _____

Name: _____ Grade: _____ School if other than FSCA: _____

Yes ___ No ___ Has the student ever repeated any grades? If so, what grade/s _____.

Yes ___ No ___ Has the student ever been expelled from any school, had an arrest that resulted in a charge, had any other Department of Juvenile Justice actions against him/her, or been referred for mental health services?

Yes ___ No ___ Has the student been in an exceptional student education (ESE) or any other special education program?

Yes ___ No ___ Has the student been determined eligible under Section 504 and/or has a Section 504 plan?

Yes ___ No ___ Has the student been in any ESOL or ELL program or class?

Yes ___ No ___ Is your family residing in any of the follow situations: Sharing the housing with others, living in a motel due to loss of housing, staying in a shelter, or homeless in any manner?

Previous School Name: _____

Previous School Address: _____

Mailing Street Address City State Zip Code

Student's Last Name (Jr., III, etc.)

Student's First Name

Student's Middle Name

Contact 1 Must be a Parent or Guardian	<u>Contact 1</u> <u>Parent/Guardian</u>	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student: -Circle One-	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____	Parent Step-Parent Guardian Other: _____
First Name:				
Last Name:				
Cell Phone:				
Home Phone:				
Work Phone:				
Email:				
Notify if Sick/Injured*	Y or N	Y or N	Y or N	Y or N
Receives Automated Emergency Calls*	Yes Only	Yes Only	Y or N	Y or N
Notify if Absent -Circle One-	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work	Cell / Home / Work
Pick Up Allowed*	Y or N	Y or N	Y or N	Y or N
Records Access Allowed*	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed at School*	Y or N	Y or N	Y or N	Y or N

**Each parent has the right to pick-up, visit, and meet with his/her student at school, without interference of or the need for consent from the other parent, unless the school has received a certified copy of an enforceable court order that provides to the contrary. In addition, a court order is necessary to deny records access to parents/guardians.*

Student's Last Name (Jr., III, etc.)

Student's First Name

Student's Middle Name

Voluntary School Messenger Opt-In Consent Form for General Messages

Future Scholars Christian Academy utilizes an automated parent notification system to quickly and efficiently notify parents of important school and district information. Such notices may include information regarding **school closures/delays, security alerts, absence notifications, and upcoming school information.**

Due to recent changes to the Telephone Consumer Protection Act (TCPA), parents are now **required to provide prior expressed consent to receive automated communications on their mobile devices.** This means parents must provide express consent to receive general messages through automated calls and/or SMS text messages on their mobile device(s). Consent is not required if the call or text is for emergency purposes or if made directly by a principal, teacher, or other staff member.

PARENT/GUARDIAN SCHOOL MESSENGER CONSENT FOR GENERAL MESSAGES:

I, _____, consent to give Future Scholars Christian Academy permission to contact me via my cellular device for automated phone calls or SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. **By signing, I am stating that I am the owner of this cellular device and its user contract. I also certify that I will notify the school immediately if I change or deactivate this number.**

Parent/guardian signature: _____

Date: _____

Cellular number: _____

STUDENT ENTRY FORM

NOTICE: You are required to complete the Emergency and Contact Information Form and update information annually or any time the information changes. School personnel will contact you to pick up your child if he/she is unable to remain at school due to illness or accident. If school personnel are unable to reach you, one of the adults listed on the Emergency and Contact Information Form designated to pick up your child will be contacted. School personnel will contact Emergency Medical Services in an emergency situation to take whatever action is deemed necessary for the health and safety of your child. Parents are financially responsible for any emergency care and/or transportation your child needs. It is the parent/guardian's responsibility to notify FSCA if changes to this form need to be made and to provide the school with information if there are any custody restrictions involving your child. Forms must accurately reflect your child's court order, if applicable.

I certify that the information provided on this Student Entry Form/Emergency and Contact Information Form is accurate, true, and correct.

Date

Enrolling Parent/Guardian Signature

Relationship to Student

Student's Last Name (Jr., III, etc.)

Student's First Name

Student's Middle Name

2024-2025 CONFIDENTIAL MEDICAL INFORMATION

1. Allergy to: Food: _____
2. Allergy to: Medicine: _____
3. Allergy to: Ants, Wasps, Bee stings, Environmental or other.
Please list: _____
4. Specify reaction to allergy or allergen: Rash, Swelling, Hives, Trouble Breathing, Vomiting,
 Diarrhea, Other _____
5. Takes medication for any allergies. Name of Medication(s): _____
6. Does the child need a special diet? Yes No (If yes, the school will require a Diet Modification Form from a doctor. Obtain the Diet Modification Form on-line or from the School Nutrition Manager.)
7. Asthma. Diagnosed at age: _____ Under doctor's care now? Yes No List triggers: _____
Takes medication for asthma. Name medication(s): _____
8. Attention Deficit/Hyperactivity Disorder (ADD/ADHD). Takes medication.
Name medication(s): _____
9. Autism Spectrum Disorder Diagnosed by Medical Doctor Takes medication.
Name medication(s) _____
10. Autoimmune Disease (Lupus, etc.) Explain: _____
11. Blood disorder Sickle cell anemia Bleeding condition. Specify: _____
12. Cancer. Explain: _____
13. Cardiac/ Heart condition. Explain: _____
Under doctor's care for this condition? Yes No; Any physical restrictions? Yes No
If yes, explain: _____
14. Cystic Fibrosis Takes medication. Name medication(s): _____
15. Diabetes. Does the child require insulin? Yes No
16. Does the child require insulin at school? Yes No
Takes medication. Name medication(s): _____
17. Hypoglycemia (low blood sugar). Takes medication. Name(s) _____
18. Digestive disorders. Explain: _____
19. Head injury (serious). Explain: _____
20. Hearing problem Uses hearing aid. Right ear Left ear
21. Heart condition. Explain: _____
Under doctor's care for this condition? Yes No; Any physical restrictions? Yes No
If yes, explain: _____
22. High Blood Pressure (Hypertension) Takes medication. Name medication(s) _____
23. Kidney or bladder disorder. Explain: _____
Requires catheterization. Explain or type of catheterization: _____
24. Mental Health Condition. Takes medication. Name of medication(s) _____
25. Migraines. Under doctor's care for migraines? Yes No; Takes medication.
Name medication(s) _____
26. Muscle/bone/mobility disorder. Explain: _____
27. Seizure Disorder. Type of seizure(s): _____
How long ago was the last one? _____ Takes medication.
Name medication(s) _____
28. Vision problems. Explain: _____ Glasses Contacts
29. Other medical condition not listed. Explain: _____
30. Other medications taken not listed above: _____
31. My child _____ does not have any conditions or illnesses.

Child's Name

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Student's Last Name (Jr., III, etc.)	Student's First Name	Student's Middle Name
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32. Does your student have insurance coverage? (Private, Medicaid, etc.) Yes or No

a. Provider of Insurance: _____(Company)

I certify that the information I have provided on this Enrollment Application Form is accurate and true. I understand the school keeps all personal and medical information and records in accordance with law.

Date: _____

Enrolling Parent/Guardian Signature: _____

Print Enrolling Parent/Guardian Last Name: _____ First Name _____

Handbook Statement of Agreement for Student and Parent/Guardian 2024-2025

We, the student and parent/guardian, have received and read the Future Scholars Christian Academy Parent/Student Handbook and agree to abide by and support the beliefs, procedures, duties, regulations, and responsibilities therein.

The student understands that he/she will maintain behavior that exemplifies courtesy, kindness, morality, and honesty. The student will also strive to be of unquestionable character in dress, conduct, and other areas of life and will abide by and support the school's mission, philosophy, and Statement of Faith.

I have read and understand the requirements for Face-to-Face learning and Virtual Learning. I understand that the choice I make at this time is for the fall semester of 2024-2025. I will be able to change my decision for the spring semester in December.

I understand that parental support is an essential part of the education process. If, in the sole discretion of the administration, I am disruptive to the academic, athletic, or spiritual environment of the school or have failed to support the ministry staff or the school's policies and procedures, including the code of conduct, which is based on the statement of faith, the administration reserves the right to deny my child(ren) continued enrollment in the school.

MY CHOICE FOR INSTRUCTION FOR THE 24-25 FALL SEMESTER IS:

_____ On-line – Working at home with parent/guardian assistance.

As parent/guardian, I will work with the school from 8 a.m. to 3 p.m. and assist my child as needed to be sure they understand how to do their schoolwork. I will be responsible for reading emails throughout the day with my child, printing materials as needed, uploading assignments to the teacher, and bringing my child in for weekly assessments as requested.

_____ Face-to-Face – Physically at FSCA, 2551 Havendale Blvd NW, Winter Haven, FL

Parent (Mother)/Guardian/Date
(Printed Name and Date)

Parent (Father)/Guardian/Date
(Printed Name and Date)

Parent (Mother)/Guardian/Date
(Signature)

Parent (Father)/Guardian/Date
(Signature)

Student Last Name/First Name/Date
(Printed Name and Date)

Student Name/Date
(Signature)

Financial Responsibility Form for Parent/Guardian

I (the parent/guardian) am responsible for any fees or expenses charged by the school. These fees are listed in the student handbook or may be charged due to damage to the school's property.

I (parent/guardian) am also aware that if I withdraw my child who is on a scholarship, I am responsible for paying all fees for the required 50-day scholarship period. These fees are outlined in the Student Handbook.

Type Of Scholarship: _____

Non-Scholarship Student Payment: _____ Weekly _____ Monthly

*(**\$50 late fee**)

Parent (Mother)/Guardian/Date
(Printed Name and Date)

Parent (Father)/Guardian/Date
(Printed Name and Date)

Parent (Mother)/Guardian/Date
(Signature)

Parent (Father)/Guardian/Date
(Signature)

Student Computer Use Agreement

Grades 3-12 only

2024-2025

We, the student and parent/guardian, have received and read the Future Scholars Christian Academy Parent and Student Handbook, including the computer requirements, and agree to abide by the policies and procedures therein.

If a student is checking this assigned computer out for Virtual Education, the computer is to be used only for the assigned instructional purposes. Should the computer be damaged in any manner, the parent/guardian is responsible for the financial cost of replacement. No course grades will be posted, or school records released until the financial obligation is cleared.

Computer Assigned: _____

Parent (Mother)/Guardian/Date
(Printed Name and Date)

Parent (Father)/Guardian/Date
(Printed Name and Date)

Parent (Mother)/Guardian/Date
(Signature)

Parent (Father)/Guardian/Date
(Signature)

Student Last Name/First Name/Date
(Printed Name and Date)

Student Name/Date
(Signature)

GENERAL RELEASE OF LIABILITY – PARENT/STUDENT

I, (parent/guardian name) _____, the parent/guardian of _____, (student), (Hereinafter the “Releasor”), for and in consideration of the privilege of my child’s enrollment and attendance as a student at Future Scholars Christian Academy, located at 2551 NW Havendale Blvd., in Winter Haven, Florida 33881, and under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby release and forever discharge the owner(s), instructional and noninstructional staff and management of the Future Scholars Christian Academy, (Hereinafter the “Releasee”) including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the Global Pandemic resulting from the influx and exposure of and to COVID-19. This general release of liability both generally and specifically pertains to any and all scenarios and/or events wherein you, your child, your relatives and/or others with whom you may reside, or associate with in close and/or remote proximity, test positive for COVID-19, and/or become ill with any ailments or other maladies associated with and/or resembling COVID-19, at any time. You understand and acknowledge that you waive and release the Releasee from any and all damages and claims associated with any current, or future status wherein you or others previously referenced, test positive for COVID-19. I understand that this waiver and release of liability includes any claims based on negligence, action, or inaction of the Releasee, and I further understand that this waiver and release of liability is intended to encompass all forms of negligence, simple or gross. It is understood that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall Document prepared by Charlann Jackson Sanders, Esq., 2225 East Edgewood Drive, Suite 8, Lakeland, Florida 33803. be subject to and governed by the laws of the State of Florida. This Release has been read and fully understood by the undersigned, and in my discretion, I have had the opportunity to have legal counsel of my choice review and advise me regarding this Agreement.

EXECUTED this ___ day of _____, 20__

Releasor’s Signature: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF POLK

Sworn to or affirmed before me, appeared _____, who is either
personally known to me, or who provided _____ as identification.

_____ Parent/Guardian

_____ NOTARY PUBLIC

Commission Stamp:

Parent/Student Orientation

I and/or We _____, parent/s/guardian/s of the students listed below, have met with the administration for orientation reviewed the handbook, and completed all needed forms.

Each item that I have checked below was covered by the administration, and I/we and our student/s had the opportunity to ask and have my questions answered.

1. _____ 2. _____ 3. _____

Admission and Fees	General Release of Liability – Parent/Student	Statement of Faith
Attendance, School Hours, Make-up Work, Tardies, Withdrawal	Governance	Staff Goals for Students
Behavior	Graduation and Recognition Events	Student Checklist of Forms
Calendar	Handbook Statement of Agreement for Student and Parent/Guardian 2021-22	Student Computer Use Agreement 2021-22
Chapel	History	Student Promotion
Child Abuse and Neglect	Homework Policy	Supply List
Classrooms	Inclement Weather	Testing
Cleanliness/Hygiene/Illness/Medication	Lockers	Title 1 Forms
Communication	Lunch Breaks/Rules	Transportation
Computers for Students	Mission	Visitors
Confidentiality	Non-Discrimination	Volunteers
Copying/Cheating/Plagiarism	Objectives	A check mark indicates the handbook was covered in each of these items and all forms completed.
Curriculum and Instruction	Outside Food and Drinks/Snacks/School Parties	
Daily Schedule	Parent/Teacher Organization	Parent Signature: _____
Dress Code	PE/Outside Activities	_____
Drugs/Alcohol/Weapons	Personal Items	2 nd Parent Signature: _____
Electronic Devices	Philosophy	_____
Enrollment Application	Progress Reports and Report Cards	Student Signature _____
Enrollment Study and Conclusions	Safety	_____
Field Trips	Sports/Extra-curricular	_____
Financial Responsibility Form for Parent/Guardian		_____

Notes: