



SCHOOL OF THE HEIGHTS

3111 St. Johns Ave.
Palatka, Fl. 32177
Phone: 386-325-0951
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Web: schooloftheheights.org

Principal: Amanda Ramos
Email: aramos@schooloftheheights.org

RISING HIGHER

Student Name: _____ Pre-K

Thank you for choosing School of The Heights for your child's elementary educational experience. Below, I have listed the necessary items to enroll or re-enroll your child for the 2025-2026 school year.

- First Steps
 - Complete registration form
 - This form is available online on our website listed below. Please type all responses completing all sections and do not leave any blank.
 - **In the section titled, Emergency Contacts, do not repeat any names listed on the front. You must list 4 contacts.**
 - Leave N/A to sections that you do not have a response such as, medical concerns, if this is not applicable to your child.
 - Print completed form and add with your child's completed packet, signed and dated.
 - Turn in your child's VPK certificate of eligibility.
 - VPK Certificate of Eligibility needs to be signed and dated by parent listed on the certificate.
- Complete all forms in the registration packet and return them to the school. Please read all pages and sign all areas that have a signature or initial line.
 - Attendance Policy Agreement
 - Parent Authorization Form **Must Be Notarized**
 - Notaries are available in the STH office
 - First Aid & Allergy Information
 - GradeLink Student Information Form
 - This is for our school notification system. Please use same emails and phone numbers as your main contact on registrations.
 - Extended Care 11:00-2:30
 - Registration Form (if applicable, not covered in scholarship)
- In this packet you will also find:
 - T-Shirt and Jacket Order Form
 - Fee Schedule
 - **Uniform Policy**
 - Please review the New Policy prior to ordering to ensure that you have the correct items selected.
 - School Supply List
- Additional items needed for new students or returning students that require an update to files:
 - Current Shots & Physical
 - Current Photo ID of Parent/ Guardian
 - Copy of Birth Certificate
 - Copy of Social Security Card

If you have any pertinent information about your child's educational experience at School of The Heights such as: medication/health, student abilities/disabilities, diet, allergies, custody arrangements, etc. we ask that you include a detailed letter regarding with this packet so that we can do our best to aid your child successfully.

We look forward to a remarkably successful year!

Thank you,
Mrs. Ramos



STH VPK ATTENDANCE POLICY

Student Name: _____

The Voluntary Pre-Kindergarten program is designed to be a program that prepares students to successfully enter Kindergarten. The voluntary part is the option of enrolling your eligible four year old into the program. Once enrolled in the program, the only way to ensure that we are properly preparing your child for school readiness is that they are participating in the program daily. In order to be successful, there are guidelines present for our program in the area of attendance.

Our school year has 180 days, of which we only allow a maximum of 30 absences if your child started the first day of school.

If your child enrolls and starts after the first day of school, their maximum absences allowed will decrease based on the following formula:

$$*(\text{total days left in school year}) \times 16.7\% = \text{number of allowed absences}$$

If your child should reach the maximum number of allowed absences, a mandatory meeting will be called by the principal to discuss the matter, and could lead to the dismissal of your child.

When returning to school after an absence, a note from the doctor with the date and time of visit with signature must be presented. A note from parents will be accepted with the necessary information. Students will not be permitted at school during the time frame recommended by their doctor that they are to be in isolation due to illness.

Please initial each statement below:

_____ I have read the VPK Attendance Policy, and will adhere to the policy. I understand that if the maximum number of allowed absences are exceeded this could lead to the dismissal of my child from School of The Heights.

_____ I am aware of the requirement to sign my child's attendance folder with a legible, signature and that only authorized persons from my child's registration form are allowed to sign my child in or out.

_____ A monthly attendance Parental Choice Certificate will need to be signed by a parent/guardian on the last day of the month to verify child's attendance.

_____ Parents are required to call the school office in the event that your child will be absent or late to school. After 9:00 am, we will attempt to make contact with you and then, per our policy, the people listed as emergency contacts. Please help us avoid this hassle by contacting the office promptly.

_____ I am aware that I am required to bring a Dr. Note or Excuse Note for any absences.

Parent Signature

Date

STH Parent Authorization Form

Student Name: _____

Grade: _____

A Parent must initial Each line

MANDATORY CHILD ABUSE & NEGLECT REPORTING
STH employees are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline under s.39.201 of the Florida Statutes (F.S.).

UNIFORM POLICY

I agree to comply with the uniform policy at School of The Heights by reviewing the guidelines, ensuring my child is dressed appropriately each school day, and supporting the school's standards. I understand that the uniform policy promotes school pride, minimizes distractions, and fosters a sense of unity among students. I will take responsibility for checking my child's attire before arrival and ensuring full compliance with the policy. I acknowledge that failure to adhere to these guidelines may result in disciplinary action, and I commit to partnering with the school to uphold these expectations.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

To meet all legal requirements, I now authorize the STH personnel to give my consent for all necessary emergency medical treatment for my child while in said individual's custody. In the case of severe illness or accident, and I cannot be immediately contacted, I permit to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or closest hospital for immediate attention. I also assume responsibility for the payment.

AUTHORIZATION TO TRANSPORT

For field trips or in the event of any emergency that requires the school to vacate the premises and I or my contacts are unreachable, I authorize the director or the person in charge to transport my child to a safe environment until I can be reached.

STUDENT/PARENT HANDBOOK & DISCIPLINE POLICY

I understand that my child and I are expected to follow the guidelines established in the STH Student/Parent Handbook on our website: schooloftheheights.org. I have read the Handbook & the Discipline Policy provided online @ schooloftheheights.org and agree with all the policies therein.

TUITION AGREEMENT

Parents are responsible for any fees. I understand that tuition is due by the 5th of the month. After this time, additional fees may be incurred. Failure to keep the account current will lead to dismissal from STH & loss of scholarship. (if applicable)
Scholarship parents are responsible for all fees that exceed the awarded scholarship amount I understand that I need to comply with requests for online tuition acceptance and quarterly approval of funds.

TERMINATION OF SCHOOL

Upon the decision to close the school, School of The Heights will do the following: Notify parents in writing; transfer student records to the parent or legal guardian; maintain incident reports for a minimum of 180 days; retain all state documents (i.e., fire drill records, inspection reports, attendance, etc.) for a minimum of 365 days. If the school cannot maintain records, then records should be forwarded to the FLOCS office.

CONSENT FOR RECORDS

I understand that school personnel need access to my child's records and personal information. Only authorized personnel will have access to these records.

STATEMENT OF COOPERATION

I recognize that attendance at STH is a privilege, not a right. Parents are expected to cooperate with and support STH and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. Students shall forfeit the privilege of attending the STH if they do not conform to the standards and way of life at the School of The Heights. We reserve the right to withdraw a student at any time a student does not conform to the spirit of the STH.

PUBLIC CONDUCT & SOCIAL MEDIA POLICY

Parents and guardians agree to communicate concerns directly with the school administration to maintain a positive and respectful school community rather than publicly airing grievances on social media or other platforms. Defamatory, misleading, or disparaging remarks about the school, its personnel, or students on social media or other outlets may violate this agreement. Such actions could result in administrative consequences, including but not limited to meetings with school leadership, restrictions on participation in school activities, or, in extreme cases, dismissal of the student from the School of the Heights.

By enrolling their child at the School of the Heights, parents and guardians acknowledge and agree to uphold this policy to ensure a supportive and Christ-centered educational environment. This consent form shall remain in effect as long as your child attends School of The Heights. Any reference to "child" shall refer to the child listed on this document.

PHOTOGRAPHY CONSENT

I consent to my child's photo being used in brochures, videos, or other media publications, such as STH Facebook and the Website of the School of The Heights or its affiliates, First Assembly of God Inc/Church of The Heights

Print Name: _____

Parent/Guardian

Signature: _____

Parent/Guardian

Date

Notary Information: State of Florida County of PUTNAM, sworn to and subscribed before me in the State as mentioned earlier and Country this _____ day of _____, 20____, personally appeared _____ who is

personally known to me produced a valid Florida Driver's License # _____ Before me, personally appeared _____ who, being duly identified by satisfactory evidence, acknowledged that he/she executed the foregoing document in authorized capacity and that by signing the document, acted with proper authority and intent.

Notary Public, State of Florida Signature: _____ Date: _____
Printed Name: _____ Notary Seal

Notary Seal area with a large empty box for the seal.



First Aid & Allergy Information

Student Name _____ Grade: _____

It is normal within the course of the school year for your child to need first aid treatment at one point or another. Some students get minor scratches on the playground or while in P.E., others develop common colds, a sore throat etc.

In our first aid supplies we have included these items for use:

Peroxide, for cleaning	Cough Drops/Throat lozenges
Bactine Antiseptics Spray	Saline Solution
Rubbing Alcohol	Calamine Lotion
Anti-Itch Spray	Ace Bandages

I give consent for the school to use the above listed items as needed. If an item on the list is known to be a source of allergic reaction, please cross it off, and make a notation on the bottom of this form.

Information on Non-Food allergies:

Please provide the following information regarding Food Allergies:

___ My child **Does not** have a food allergy or dietary restriction.

___ My child **Has** a food allergy or dietary restriction to the following items listed below:

I understand that it is my responsibility to update the school in the event that there are changes to my child's allergy information

Parent or Guardian Signature

Date



GradeLink/SMORE

Communication Information

STH uses the **GradeLink** system to communicate school-wide information to parents/guardians. Periodically, you will receive **a voice message, an email, or a text** regarding upcoming events, school closures for emergencies or holidays, weather-related issues, and other reminders and need-to-know publications. In addition, the office will send communications to the phone numbers and emails listed below. If this information changes, we ask that you submit updated information.

Classroom Teachers utilize a program called **SMORE** and **email weekly newsletters** that contain classroom information, homework, test & quiz schedules, projects, and upcoming notifications about their classroom and the school.

Student Information

First Name _____ Goes By _____
 Middle _____ Last _____
 Date of Birth ____ - ____ - ____ Gender: Male Female Race: _____
 Mailing Address _____
 City _____ Zip Code _____

(Circle all that Apply)

Student lives with: Father Mother Stepfather Stepmother Guardian Other

Do you have a shared schedule? Please list details: _____

Mother's Name _____ Cell _____

Email _____

Father's Name _____ Cell _____

Email _____

*If Needed *Additional Family Member who assists with Homework for Smore Newsletter Email

Name: _____ Cell _____

Email: _____

Siblings At STH _____

Please list any information below that would be helpful for us to be aware of regarding your communication needs _____
