

NEW STUDENT REGISTRATION PACKET



SCHOOL OF THE HEIGHTS

*Stronger Together.
Higher Every Day.*

Welcome to
THE HEIGHTS FAMILY!
WE'RE SO EXCITED TO HAVE YOU SOAR WITH US! 

STUDENT NAME:

GRADE ENTERING FOR THE 26-27 SCHOOL YEAR:

- Pre-K
- K5
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th



PLEASE INCLUDE

- REGISTRATION FORM
- VPK CERTIFICATE
(VPK STUDENTS ONLY)
- REGISTRATION FEE
- SCHOLARSHIP AWARD ID

All set, Nothing Needed!



ITEMS NEEDED

- UPDATED SHOTS AND
PHYSICAL FORM
- COPY OF BIRTH CERTIFICATE
- COPY OF SOCIAL SECURITY CARD
- COPY OF PARENT/GUARDIAN ID
- MOST RECENT REPORT CARD
- TESTING FROM PREVIOUS SCHOOL
(1ST-6TH GRADE)

All set, Nothing Needed!

Soaring to Excellence. Rooted in Purpose.

School of The Heights

3111 St. Johns Ave

Palatka, Fl 32177

Applying for the 2026-2027 School Year

*Complete all Spaces Neatly on Registration Form

Grade Entering: **K5 1 2 3 4 5 6**

STUDENTS LEGAL NAME:

Last _____ First _____ Middle _____
 Goes by _____ Male _____ Female _____
 RACE: WHITE BLACK HISPANIC
 INDIAN ASIAN MULTI RACIAL
 Birth date ____/____/____ Age _____
 SSN ____/____/____ Home # _____
 Address _____
 City _____ State _____ Zip _____

SCHOOL LAST ATTENDED :

CITY _____ STATE _____
 Does student have a 504 Plan or IEP YES NO
 Has this student been retained in a previous grade?
 Yes No What Grade: _____

FAMILY INFORMATION

Child lives with _____

(Please Circle)

MOTHER/STEPMOTNER/GRANDMOTHER/LEGAL GUARDIAN

Name _____
 Cell Phone _____ Work _____
 E-mail _____
 Employer _____

(Please Circle)

FATHER/STEPFATHER/GRANDFATHER/LEGAL GUARDIAN

Name _____
 Cell Phone _____ Work _____
 E-mail _____
 Employer _____

Is this child in : Foster Care, Family Care, Protective Care, or other? Yes No

OTHER INFORMATION

How did you hear about STH? Friend Social Media
 Family Member STH Staff Member
 Former Parent of STH Student Current STH Parent Other

Referred by: _____

BILLING INFORMATION

Bill to Parent Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone (____) _____
 Cell Phone (____) _____
 Work Phone (____) _____
 E-mail _____

Agreement: Initial Each Line After Reading

_____ I understand that tuition is due on the 1st of each month for that month, and is considered late after the 5th of each month with fees applied.

_____ I understand that the I am responsible for all fees; as a self-pay or scholarship parent, including all fees not covered by, or in excess of the awarded scholarship amounts.

_____ I will review the School of The Heights Student Handbook for detailed financial policies and understand my child's ability to attend STH is directly related to the adherence of the policies in our Student Handbook.

_____ Date

_____ Parent Guardian Signature

OFFICE USE	
Date Received _____	House: _____
Start Date _____	Records Request Date _____
Withdrawal Date _____	Records Sent Date _____
____ SUFS Award Letter, Type _____	
____ Registration Fee	
SPaid _____ CK # _____	Receipt # _____ Date _____
Foster/Protective Care <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Time Sharing Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
504/IEP Services Received _____	
____ Copy of Most Recent Report Card	
Entrance Test Date _____	Fee Paid _____
Paid _____ CK # _____	Receipt # _____ Date _____



Permission To Pick-up/Emergency Contacts

I, _____, GIVE PERMISSION FOR THE SCHOOL OF THE HEIGHTS TO RELEASE MY CHILD. _____ INTO THE CUSTODY OF THE FOLLOWING PERSON(S) Additional Names Not listed on Registration Form **Valid Identification is required**

NAME	PHONE	RELATIONSHIP

THE FOLLOWING PEOPLE MAY NOT PICK UP MY CHILD/CHILDREN:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Parent Guardian Signature: _____ Date: _____

School of The Heights Student Information Card

Name _____ Race _____ Grade _____ Age _____
Last First Middle

Address _____ Phone _____

Birth date ____/____/____ School Last Attended _____
Month Day Year

Child's physician _____ Allergies _____

Names and grades of other children attending our school

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Mother's Email _____ Father's Email _____

Additional information that would be helpful _____



K5-SIXTH GRADE ATTENDANCE POLICY

Student Name: _____

Initial Each Statement Below:

_____ In order for the K5-6th grade students to meet their required instructional clock hours per year, students may not miss more than 10 days in a semester and 20 days for the year. This includes excused and unexcused absences. Per state law, students may not have absences that exceed the limits stated above or they will be in danger of not being promoted. Parents are notified by letter or Gradelink reminder. Phone calls are made by the office and a daily log is kept. A conference with the administrator may be required if a student is in danger of exceeding their maximum days. Students who exceed the days, with cause, may make up work or stay afterschool for additional help.

_____ Students will be considered tardy after 8:05 am. Students leaving school before 10:30 am or arriving after 10:30 am will be considered absent. If attendance issues arise, a written warning will be sent to Parents. Tardiness will be noted in the students' permanent record.

_____ 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. Some excuses will require authorization from administration, and may not be deemed as acceptable excuses for tardy or absence from school. 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. Parents may use the QR Code provided by the school to submit excuse. Not all excuses are considered excusable.

Parent Signature: _____ Date _____

SCHOLARSHIP RECIPIENT OBLIGATIONS (if applicable)

PARENT SIGNATURES

_____ Parents are required to complete all updates to scholarship applications and follow steps to approve payments to STH for their scholarship students. Parents may be required to approve payment on the portal or be asked to sign their student's Check as notified by the school office. Failure to do so in a timely manner, will result in dismissal from STH.

STUDENT ATTENDANCE

_____ Students must abide by the attendance policy of the participating private school in which they are enrolled. Failure to do so may result in a loss of scholarship. Should extenuating circumstances exist that cause a student to be absent for an excessive amount of days, during which no education is being provided by the school to the student, the school should submit an Exit Confirmation Form (ECF) for this student. Once the student has returned to the participating private school, a School Commitment Form (SCF) should be submitted to reactivate scholarship funding.

DISCIPLINE

_____ Students and families must abide by the behavioral and disciplinary policies of the participating private school in which the student is enrolled. Failure to do so may result in loss of scholarship. A participating private school reserves the right to suspend or expel students if its published policies are not followed. **If a student, over the course of his/her academic career as a Step Up For Students Scholarship recipient, is expelled from a participating private school three times, she/he will lose the scholarship permanently; with no option to renew (this will not affect the scholarship of any siblings).**

I have read the K5-Sixth Grade Attendance Policy and Scholarship Recipient Obligations and will adhere to the policy. I understand that if the maximum number of allowed absences are exceeded this could lead to the loss of my child's scholarship.

Parent Signature _____

Date _____

Student Name _____ Date of Birth _____ Grade _____

STH First Aid Information

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. Please list any know issues with standard First Aid Supplies. Example: *Allergy to Latex or *Cannot Have Cough drops, Peroxide etc.

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:

Authorization for School-Supplied Pain Reliever for K5-6th Grade Students

Purpose: Over the counter (OTC) pain relief medications can be obtained without a doctor’s prescription and are used for the relief of pain symptoms on a temporary basis. Providing parent approved short-term medications, such as pain relievers, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption.

I give permission to authorized school staff to give my child acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin/ Advil), when determined to be needed for headache, menstrual cramps or tooth/orthodontic pain.. A parent contact will be attempted prior to administering medication.

Medications given: Liquid, tablet or chewable acetaminophen or ibuprofen, and a version of Midol will be available. Students will be given the amount listed in the dosage recommendations according to the packaging.

Does this student have any drug allergies? List _____

Does this student have any chronic health conditions? List _____

Parent/guardian signature _____ Date _____

Date	Time	Medication	Dose	Parent Contacted	Reason/Need for Medication	Initials



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 _____

STH Parent Authorization Form

Student Name: _____ Grade: _____

Parent/ Guardian Name: _____

A Parent/Guardian 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 acknowledge and agree to review and comply with the School of The Heights Uniform Policy when ordering uniforms and to ensure that all uniforms purchased meet the required specification for my student. I understand that the uniform policy promotes school pride, minimizes distractions, and fosters a sense of unity among students. 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

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, 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 and all fees due. 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 within 7 Days of notification to approve the fee/Tuition.

Fees Exceeding Scholarship Amount

Parents are responsible for any and all tuition, fees, or charges that exceed the total amount of the awarded scholarship.

Withdrawal Prior to Scholarship Funding Timeframe

If a student is withdrawn before the required attendance timeframe for scholarship funds to be released to the school, School of The Heights will not receive the scholarship payment for that period. In such cases, the parent or legal guardian will be responsible for:

- Tuition and fees for the applicable quarter or enrollment period.
- Any costs or fees already incurred by the school on the student's behalf.
- Any Scholarship funds School of The Heights would have otherwise received for the applicable quarter due to the student's early withdrawal.

Parent/Legal Guardian: _____ Date: _____

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 dismiss a student at any time a student or Parent/Guardian 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 your 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.

STUDENT & PARENT/GUARDIAN INFORMATION

I agree to keep all contact and demographic information on file with the school up to date and accurate at all times, including phone numbers, email addresses, and physical addresses.

PHOTOGRAPHY CONSENT I DO NOT CONSENT TO PHOTOGRAPHY

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 affiliate, First Assembly of God Inc/Church of The Heights.

Print Name: _____
Parent/Guardian

Signature: _____ Date: _____
Parent/Guardian

Notary Information: State of Florida County of PUTNAM, sworn to and subscribed before me in the State as mentioned earlier and County 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

