



18440 US Highway 441  
Mount Dora, FL 32757

Tel: 352-383-9920

Fax: 352-383-4140

E-mail: [Gcsinmtdora@gmail.com](mailto:Gcsinmtdora@gmail.com)

Web site: [antbmu.adventistschoolconnect.org/](http://antbmu.adventistschoolconnect.org/)

## Pre-Kindergarten

The *Early Learning Coalition of Lake County* (1300 Citizens Blvd, Suite 204, Leesburg, phone: 352-435-0566) provides child eligibility and enrollment certificate. Enrollment may be completed by going on line to: [elclc.org](http://elclc.org).

The following documents will need to be scanned and sent with the application:

**Proof of Residency** – Florida driver's license, Florida I.D. or photocopy of one of the following documents showing your name and home address in Florida. Examples include utility bills, land line telephone bill or pay stubs within the last six (6) weeks or government issued documents (Post office boxes are not sufficient.)

**Child's date of birth** – A document or photocopy showing each child's date of birth. Examples include a certified birth record or certificate, a passport or certificate of arrival in the United States showing age, an immunization record signed by a public health officer or licensed practicing physician or a valid military dependent identification card. (Hospital birth records are not acceptable)



## FINANCIAL INFORMATION SHEETS FOR 2020-2021 SCHOOL YEAR

### APPLICATION FEE

Completed Application Received by:	<i>Fee</i>
March 31, 2020	\$25.00
April 1, 2020 – Sept. 1, 2021	\$50.00

### REGISTRATION & TUITION

	Registration Fee	Annual Tuition	Monthly Tuition (August 2019-May 2020)
Pre-Kindergarten (VPK Only - half day)	\$0.00	Paid by VPK	\$0.00
Pre-Kindergarten (Full day Pre-K, no VPK Subsidy)	\$225.00	\$6,500.00	\$650.00
Pre-Kindergarten (full day, with VPK Subsidy)	\$225.00	\$3,000.00	\$300.00
Grades K – 8	\$525.00	\$6,200.00	\$620.00

### Other Fees & Discounts

Fee/Discount	Amount	Details
Referral Discount	\$50.00	One-time discount on student account for the referral of a family; after the referral the family enrolls their child(ren).
Early Payment Discount	5%	A 5% discount on tuition will be applied when a current month's tuition payment is paid by the 10 <sup>th</sup> of that month.
Yearly Pre-Payment	5%	A 5% discount on tuition will be applied when the annual tuition is paid in full by August 31, 2019.
Field Trip Fee (Grades 5 and 6 only)	\$200.00	The field trip fee is for the Outdoor Education Field trip taken by all 5 <sup>th</sup> and 6 <sup>th</sup> grade students
Grade 8	\$200.00	Graduation Fee



## Acceptance Checklist for Parents

Parents this checklist is designed for you to check necessary components in having your child accepted at G.C.S. Clerical help please bubble the following forms once they have been fully completed and inserted in the students file.

### **First Steps:**

- Southern Union Conference Elementary Registration Application
  - 3 Letter of Recommendation Forms completed and filed (VPK 2 letters)
  - Students Records (medical, birth certificate, standardized test scores, grades, I.E.P, behavior, etc.)
  - Medical immunization/physical records signed by a physician
  - Financial Agreement and/or clearance signed by parent, treasurer or designated board member
- 

### Pre-Kindergarten

- G.C.S. staff member: Written observation of document of:
  - Synopsis of conversation with parent/guardian (health, concerns, strengths)
  - Tasks asked of 4 year old-i.e. stand up, sit down, turn around,
  - Age verification – 4 years by first day of school
  - VPK form from Early Learning Coalition

### Grades K-8

- Students grades from previous years
- Kindergarten students a copy of readiness test score

### **Second Steps:**

- Medical Release form (front and back completed and signed)
- Technology User Policy signed by both parent and student
- Agreement of policy handbook form signed by both parent and student
- After School Care Policy form signed by both parent and student
- Pick-Up agreement signed by parent
- Field Trip Permission and Consent signed by parent
- Attendance & Tardy Policy signed by parent
- Image Release – signed by parent
- Volunteer form signed.





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## MEDICAL CONSENT FORM

Student Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

### PARENT/GUARDIAN

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Primary Custodial? YES \_\_\_\_\_ NO \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Tel No: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

### PARENT/GUARDIAN

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Primary Custodial? YES \_\_\_\_\_ NO \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Tel No: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

### STUDENT'S PRIMARY PHYSICIAN:

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

**Student's Medical History (e.g. breathing conditions, diabetes, physical limitations, etc.):**

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**Current Medications:** \_\_\_\_\_

**Allergies (i.e.: food, medications, etc. )** \_\_\_\_\_

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**I/We, the undersigned parent(s)/guardian(s), give my(our) consent for first aid and emergency medical treatment to be administered to my child.**

**I/We understand that when my child is on school trips off campus, this consent will also include administering over-the-counter medications (e.g. pain relievers, antihistamines, and decongestant/cough medicine, etc.) when necessary.**

**DO NOT give my child the following over-the-counter medications:**

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**This authorization is effective from the first day of \_\_\_\_\_, 20\_\_\_\_ through the last day of \_\_\_\_\_, 20\_\_\_\_\_.**

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<b>Parent/Guardian/Responsible Party Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Parent/Guardian/Responsible Party Signature</b>	<b>Printed Name</b>	<b>Date</b>
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2020-2021

## PICK-UP AUTHORIZATION

My child, \_\_\_\_\_ Grade \_\_\_\_\_

has permission to be picked up after school by the following people:

Name	Telephone Number

Please initial the following:

\_\_\_\_\_ I have provided seating (i.e. car seat, booster seat, and seat belts) as required by Florida State law.

- *Children 5 years old or younger must be secured in a federally approved child restraint system.*
- *Children 4 through 5 years must sit in either a separate car seat, a built in child seat or a seat belt, depending on the child's height and weight.*
- *Children 6 through 17 must be in a seatbelt.*

\_\_\_\_\_ I understand it is my responsibility to inform Gateway Christian School by text or e-mail, if another individual, not listed above, is to pick up my child. I understand if this procedure is not followed, my child will not be released and after school care expenses will occur.

\_\_\_\_\_ I understand that it is my obligation to verify that each driver listed has a current driver's license and insurance. Any amended drivers will also have the appropriate license and insurance.

\_\_\_\_\_  
Parent/Guardian/Responsible Party Signature      Printed Name      Date



## FIELD TRIP PERMISSION AND CONSENT TO TREATMENT FORM

My child, \_\_\_\_\_, Grade \_\_\_\_\_

has my permission to go on local field trips. Local field trips are defined as any trip whose final destination is within a 25 mile radius from the school. Field trips that are outside the 25 mile radius will require a separate permission form.

I understand that precautions will be taken to ensure each students safety, however, if an emergency should arise, Gateway Christian School staff have my permission to seek emergency medical treatment for my child.

I understand it is my responsibility to inform Gateway Christian School if another individual, not listed above, is to pick up my child.

\_\_\_\_\_  
Parent/Guardian/Responsible Party Signature      Printed Name      Date

\_\_\_\_\_  
Parent/Guardian/Responsible Party Signature      Printed Name      Date





2020-2021

## Technology User Policy

1. I understand the use of the Laptop/iPad or other tablet at Gateway Christian School is for instructional and witnessing purposes. It will not be used for entertainment.
2. I understand I may not download an app for any media content on a Gateway Christian School Laptop/iPad or other tablet without consent from my teacher.
3. I will maintain the operating system and not change it.
4. I will not deface the serial number.
5. I will not take a Laptop/iPad or other tablet beyond my classroom unless instructed by my teacher.
6. I will never leave the Laptop/iPad or other tablet unattended or share a different Laptop/iPad.
7. I will be responsible for the Laptop/iPad or other tablet assigned to me and I recognize if there are any damages to the Laptop/iPad or other tablet I've been assigned to it's my full responsibility to pay for and fix the Laptop/iPad or other tablet.
8. I will not take photos or record class lectures, discussions, etc. unless given permission from the instructor.
9. I will protect the Laptop/iPad or other tablet by ensuring it is in a proper case and I will not stack anything on top of it.
10. I will ensure the Laptop/iPad or other tablet I have been using is properly charged and stored.
11. I will not share my password or attempt to discover anyone's password.
12. I recognize using an app under someone else's login or user name will result in suspension from Laptop/iPad or other tablet.
13. I recognize the staff and administration at Gateway Christian School has the right to amend this user policy at their discretion. I realize at that time, I will have a new user policy to sign.
14. I have read, understand and agree to all points in Gateway Christian School's iPad or other tablet user policy and will fully adhere to the policy.
15. I will not access any inappropriate or unauthorized material on the Internet.
16. I recognize that an authorized staff member must monitor all use of technology.
17. I understand that Laptops/iPads are for school learning only and only teacher sanctioned game playing is allowed.

**Violation of this policy will result in the student no longer being allowed to use school technology.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2020



## AGREEMENT TO COMPLY WITH SCHOOL POLICIES AND HANDBOOK

I/We, the parents/guardians of the student named below, understand that the students of Gateway Christian School, and their parents, are required to comply with all school policies contained in the Student Handbook and any other such policies as may be enacted from time to time by the school administration or the school board.

I/We also Parents specifically understand and agree that if, at any time, any issue arises between their student and another student at Gateway Christian School, the parent is NOT ALLOWED to address the issue with the other student directly. The parent will take the issue up with their student's teacher or the school principal.

By our signatures below, we agree to the above statements.

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Student Signature	Printed Name & Grade	Date
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Parent/Guardian/Responsible Party Signature	Printed Name	Date
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Parent/Guardian/Responsible Party Signature	Printed Name	Date
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## After Care Guidelines

Aftercare services are provided at Gateway Christian School, for students, whose parents are working and need to have them in a safe environment. All students who are on campus after school will be taken to Aftercare.

<b>HOURS</b>	Monday-Thursday	3:15-5:30 p.m.
	Friday	1:15-3:15 p.m.
<b>FEE</b>	Hourly	\$6.00
	Each ¼ hour	\$1.50
	<b>After Hours</b> Mon-Thurs. after 5:30 pm Friday after 3:15 pm	\$1.00/minute
<b>Teacher In-Service Days</b>	No charge for students 12:15-3:15 pm Limited space – prior arrangement with office necessary	
<b>Need Based Option</b>	If there is a specific financial need, please consult with the After Care Supervisor	

### RULES & GUIDELINES:

#### Students:

- Must ask permission to leave the room.
- Classrooms and other portions of the church facility are closed after school. Students must be accompanied by an adult to use portions of the church facility.
- Walk inside and use indoor quiet voice.
- Keep hands and feet to yourself.

#### Parents:

- Afternoon snack is helpful for each student. If there are any dietary restrictions, please notify the staff.
- Must sign student out.
- Student will only be released to those listed on the "Pick Up Authorization" form. This excludes siblings under the age of 18.
- Aftercare fees must be paid in full each month.
- A credit card is required to be on file. Accounts with an outstanding balance after the end of the month will be given 5 business days to settle the account before the credit card is charged.
- All students on playground or in Aftercare room must be signed in to the Aftercare program. Due to liability issues only those under the supervision of the aftercare director are allowed to be in aftercare.

I have read the Aftercare rules, and we agree to abide by them.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren)



2020-2021

## Attendance and Tardy Procedure

**Tardiness:** Students are tardy if they are not in their classroom by the appointed class start time (8:05 a.m.).

**Excused Tardiness:** medical appointments with a note from the medical personnel for that date.

**Unexcused Tardiness:** includes any reason other than medical appointments.

### **Gateway's tardy policy**

1. Anytime a student is tardy will require parent/guardian to walk their student in with either the \$1.00 tardy fee or a medical note from physician's office.
2. If student enters GCS unaccompanied and without the \$1.00 tardy fee the dollar must be brought in the next morning BEFORE student may attend class.
3. Ten unexcused tardies in a single grading period will result in a \$25.00 fine.
4. If 18 tardies, excused or unexcused, are accumulated during the school year the student becomes ineligible for honor roll field trip and principal's lunch.
5. Any student having 30 or more tardies within a school year the parent must meet with the Admission's Committee.

### **Absences**

Children should not attend school if they are ill. Illness includes having a fever, or vomiting within a **24 hour period**. Students who are absent due to illness beyond three days will need a physician's note documenting the illness, verifying eligibility to return to school and any limitations the physician recommends. It is important to schedule vacations, mission trips, and family conferences with school attendance in mind. If a trip is unavoidable please fill out a "*Leave of Absence*" form (available in the office) at least one week prior to leaving, so that you can work out a plan accordingly with your child's teacher. It will be at their discretion if work can be made up.

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Parent/guardian

Date



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## **Dress Code**

The purpose of a dress code is to set guidelines which will ensure a neat and modest appearance that will serve us in representing our Lord, our school, and our family well. To encourage students to dress simply and attractively and to ensure that the students' appearance is appropriate for a school setting, compliance with the following dress code is required for students.

1. No jewelry of any kind.
2. No portion of underwear is to be showing.
3. All shirts must cover the entire midriff and boy's shirts must be tucked in when not involved with P.E. or sports.

## **What to wear**

1. Burgundy polo shirt bearing the logo of Gateway Christian School is the accepted shirt for school days.
2. A Gateway Christian School logo t-shirt with the school name will be required for field trips and other designated days.
3. P.E. shirts are required.
4. Students should wear athletic shorts or pants, shorts should come to student's knees. (T- Shirts and P.E. uniforms can be purchased through F.M. Marketing - see below).

The following can be purchased at the uniform clothing store of your choice. Please adhere to guidelines as listed below.

4. Khaki or Navy Blue "school uniform" pants.
5. Khaki or Navy Blue "school uniform" shorts. Shorts must be at least mid thigh length.
6. Khaki or Navy Blue "school uniform" skirts, capris and skorts maybe worn by girls. Skirts and skorts must be at least knee length.
7. Belts are required.

## **Shoes and Outerwear**

1. Flat closed toe shoes are required to be worn at all times. Ladies refrain from wearing heels unless given permission for special occasions.
2. Sneakers or Tennis shoes are required for all athletic activities.
3. Jackets with zippers or cardigans maybe worn during cooler weather. The color should be a solid navy or gray. The designated school patch should be sewn on.
4. Hats and sunglasses should only be worn outdoors.



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### IMAGE RELEASE CONSENT FORM

As part of our education program we take photographs and videos of children in action as they participate in the classrooms, field trips, singing events, community events, Gateway school events, etc. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents (I.E. announcements to the newspapers about a ceremony for graduating Seniors).

- Images of my child(ren) may be used as part of Gateway pamphlets, brochures, and Curriculum and Informational booklets.
- Images of my child(ren) may be used for newspaper publications announcing ceremonies, appreciation ceremonies, church events, etc.
- Images of my child(ren) may be used at meetings, lectures, and workshops designed to educate teachers and congregations about Religious Education, Church Community, spiritual development and community awareness endeavors.
- Images of my child(ren) may be used in public presentations during Gateway Christian school Public Relations events, such as Registration /Open house days, Community days, Gateway information booths, or for use in welcome packets for potential families who may join.
- Images of my child(ren) may be used on the Gateway Website.
- Please do not use ANY images of my child(ren) in ANY way.

**I have read the above description and give my consent for the use of the images as indicated above.**

\_\_\_\_\_  
*Child(ren)'s name(s): (please print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Parent/Guardian Name (please print)*

\_\_\_\_\_  
*Date*





## VOLUNTEER REQUEST FORM

I understand that all adults working directly with children at Gateway Christian School are required to pass a background check with the Florida Department of Law Enforcement (FDLE).

I would like to be considered as a volunteer for the 2018-2019 school year. Please include me in the background check process.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Contact Phone Number(s)

\_\_\_\_\_  
Date

Please list any skill or abilities that you would be willing to share:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# STUDENT RECOMMENDATION FORM

**NOTE:** No recommendations should come from family members or friends. This form should be returned to the office within five days. The recommendation forms must be completed before a student is fully registered at Gateway Christian School.

**INSTRUCTIONS:** Applying students need three (3) recommendations; [a] student's current principal, vice principal or treasurer; [b] current teacher; [c] another teacher, a guidance counselor, or a pastor.

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

The above named student is applying for admission to Gateway Christian School. Please complete this form and return as soon as possible to Gateway Christian School, 18440 US Highway 441, Mount Dora, FL 32757 or send by fax to: (352) 383-4140.

How long have you known the applicant?  1-2 years  3-4 years  5+ years  
 When was your last interaction with the applicant?  Current  1 year ago  2+ years  
 In what capacity have you known the applicant?  Current teacher  Former teacher  
 School administration  Pastor

How would you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade?  No  Yes  
 To your knowledge, has the applicant been suspended or dismissed from school, arrested or on probation?  No  Yes (if so, please explain – use back if more space is required)

Does the student have an unpaid tuition balance at school last attended?  yes  no

What are the first three words that come to mind to describe this student?

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Do you recommend this student?

Yes, without reservation  Yes with reservation  No, not at this time

General Comments: (Please list strengths/weaknesses, etc. – use back if more space is required.)

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Organization Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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How long have you known the applicant?  1-2 years  3-4 years  5+ years  
 When was your last interaction with the applicant?  Current  1 year ago  2+ years  
 In what capacity have you known the applicant?  Current teacher  Former teacher  
 School administration  Pastor

How would you rate the applicant in the following areas?

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the applicant repeated a grade?  No  Yes  
 To your knowledge, has the applicant been suspended or dismissed from school, arrested or on probation?  No  Yes (If so, please explain – use back if more space is required)

Does the student have an unpaid tuition balance at school last attended?  yes  no

What are the first three words that come to mind to describe this student?

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Do you recommend this student?

Yes, without reservation  Yes with reservation  No, not at this time

General Comments: (Please list strengths/weaknesses, etc. – use back if more space is required.)

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Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Position \_\_\_\_\_ Organization Name \_\_\_\_\_ Telephone \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_