

CHECKLIST FOR APPLICATIONS:

Student Name: _____

- ☐ Field Trip Consent Form
- ☐ Photo/Video Release Form
- ☐ Student Intake Form
- ☐ Student Health Record
- ☐ NOTARIZED Consent for Emergency Medical Treatment
- ☐ Student Handbook Acknowledgement Form
- ☐ Paid Registration Fee \$100
- ☐ Paid Supply Fee \$50
- ☐ Copy of Insurance Card - New for THIS Year
- ☐ E-Rate Household Survey
- ☐ Uniform Order
- ☐ UPDATED Immunization Records
- ☐ UPDATED Student Physical
- ☐ Student Record Release Request form (New Students ONLY)
- ☐ Birth Certificate (New Students ONLY)
- ☐ STEP-UP Student ID Number



Living Springs Academy
23901 NW 212th Avenue
High Springs, Florida 32543
386-454-2777

Field Trip Consent Form

In order to minimize the collection of field trip forms, this permission slip will serve to approve ALL away-from-school educational trips during the normal school day (8:00 a.m. to 3:00 p.m.). This permission slips also covers the 8th grade activities and trip. This form of approval would apply to walking and motorized trips (buses, camp vehicles, rentals or teacher's vehicles, etc.). Teachers will continue to send home notes identifying the date, time, location, and cost of field trips.

I, the undersigned, do hereby grant or deny Living Springs Academy staff and other supervisory adults permission to take my child _____ on field trips.

Deny permission to take my child on field trips.

Grant permission to take my child on field trips.

I do understand that every precaution to ensure my child's safety will be taken. However, in the event of an emergency, I will be contacted at the number listed in my child's school records and know that it is my responsibility to update these records should my number change.

Parent Signature

Date

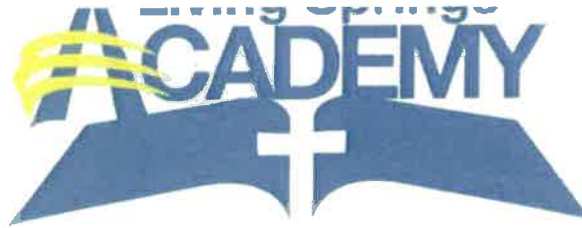


Photo and Video Release Form

Dear Parents/Guardians,

Living Springs Academy values its partnership with students and families. We seek permission to use photos and videos in various media to celebrate achievements.

Please read the options below carefully and indicate your preference by checking the appropriate box.

Option 1: All Access Photo and Video Release

I grant Living Springs Academy unrestricted permission to use photos and videos featuring my child(ren) and their families for marketing purposes, school website, program broadcasts, church live streams, school yearbook, and any other situation that may arise. I understand that these photos and videos may be used in both digital and print formats.

Option 2: Print-Only Photo Release

I grant Living Springs Academy permission to use photos featuring my child(ren) and their families for marketing purposes, school yearbook, and other promotional materials in print format only. I do not consent to the use of photos and videos in digital media.

Option 3: No Photo Release (Except Student Portrait in Yearbook)

I do not grant Living Springs Academy permission to use any photos or videos featuring my child(ren) and their families, except for the official student portrait(s) in the school yearbook.

Circle Choice: **Option 1** **Option 2** **Option 3**

Please print the name(s) of the student(s) and sign below to indicate your choice:

Student Name(s):

Parent/Guardian Name:

Signature:

By signing this form, you acknowledge that you have read and understood the terms of the selected option and grant or withhold your consent accordingly.



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Student Intake Report

First Name _____

Middle Name _____

Last Name _____

Father/Legal Guardian _____

Mother/Legal Guardian _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone (Father) _____ (Mother) _____

Email _____

Date of Birth _____

Birth City _____ Birth State _____

Church Membership

Mother: Yes _____ No _____ Church _____

Father: Yes _____ No _____ Church _____



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Student Record Release Request Form

Request Date: ____/____/____

To (Previous School Name): _____

Address: _____

Dear Registrar,

My child(ren) are enrolling at Living Springs Academy. I, _____,
Herby authorize you to send their cumulative records, transcripts, standardized test scores,
health records, and any other information that will assist in placement and guidance for my
child(ren) to be sent to:

Living Springs Academy
23901 NW 212th Avenue
High Springs, Florida 32643

Student Name

____/____/____
Birthdate

Grade

Student Name

____/____/____
Birthdate

Grade

Student Name

____/____/____
Birthdate

Grade

Sincerely,

Parent's Signature

Parent's Printed Name

Date



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STUDENT HEALTH RECORD

Students Name: _____

History: (circle all that apply) Abscessed ears, Bronchitis, Fainting, Upset Stomach, Kidney Trouble, Convulsions, Sleepwalking, Athlete's Foot, Bed Wetting, Asthma, Diabetes.

Allergies: (PLEASE BE SPECIFIC)

Drugs _____

Plants _____

Bee Stings _____

Animals _____

Foods _____

_Other _____

Routine Medications: _____

Suggestions from Parents: _____

Activity restrictions: _____

Medical restrictions: _____



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Parent/Guardian's Name: _____

Instructions: Please SIGN, NOTARIZE, and RETURN this consent to Living Springs Academy (herein referred to as LSA). This will help reduce delay when seeking treatment for your child.

Consent for Medication

I/We, the undersigned Parent/Guardian guardian(s) of (student name) _____ understand that LSA designated personnel may administer over-the-counter (OTC) medications (ex. Tylenol, Advil, Sudafed) or other as prescribed to my child as per standing orders. **These are ALL prescribed or OTC medications and/or medical devices (ex. Inhalers) my child uses:**

Consent for Emergency Medical Treatment

In the event of an accident or illness, I/we, the undersigned Parent/Guardian guardian(s) of

(student name) _____, do hereby consent and authorize LSA staff to use its discretion to engage a licensed physician for surgical diagnosis, treatment, and/or hospital service, which may be required by said minor. This consent gives LSA or the physician the right to exercise their best judgment as to the immediate medical requirements of such diagnosis or treatment.

The undersigned agree to indemnify and save harmless LSA for any and all claims, expenses, or other forms of liabilities incurred by reason of action taken in procuring medical services for said minor. It is further understood that this consent is given in advance of any specific diagnosis, treatment, or need which may be required prior to being notified. This consent shall remain in effect until revoked in writing and delivered to LSA.

I give my permission to the above as follows:

Please check ONE (1):

_____ I/We give consent WITHOUT RESTRICTIONS.

_____ I/We give consent WITH THE FOLLOWING RESTRICTIONS:

_____ I/WE DO NOT give consent to the above.

Name of legally/financially responsible person(s) for student's medical needs: _____

Phone of legally/financially responsible person(s) for student's medical needs: _____

Insurance Company Name _____ Phone _____ FAX _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

PLEASE ATTACH A COPY OF BOTH SIDES OF THE INSURANCE CARD.

Notary Area for Parent/Guardian signature:

This instrument was acknowledged before me on: _____ by: _____

Who is personally known to me.

Whose identity I proved on the basis of: _____

Notary Signature _____



Student Handbook Acknowledgement Form

After reading the Parent/Student Handbook, please discuss all of the information with your child. Please sign the acknowledgement below (both parents/legal guardian and student(s) and return this page to the school.

Parent Acknowledgement

As a parent or guardian of a Living Springs Academy student, I acknowledge the Student Handbook and the policies contained within, are available to me through the Living Springs Academy website and a copy was provided at registration.

I have reviewed the Student Handbook with my student in an effort to promote a better understanding of Living Springs Academy rules and expectations.

I acknowledge that the Student Handbook and School policies may be amended during the year.

I understand that my failure to return this acknowledgement will not relieve myself or my student from being responsible for knowing and complying with the school rules, policies, and procedures.

Signature of Parent/Guardian

Date

Student Acknowledgement

As a Living Springs Academy student, I acknowledge the Student Handbook and the policies contained with, are available to me through the website and a copy was provided at registration.

I acknowledge receiving and/or being provided with access to the Student Handbook and School policies.

I have read these materials and understand all rules, responsibilities, and expectations.

I understand that the Student Handbook and school policies may be amended during the year.

I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with school rules, policies, and procedures.

Student Name (Printed)

Date

Student Signature (grades 3-8)

Survey Number: _____
[For School Use Only]

E-Rate Household Survey Spring/Fall 2025¹

Please complete and return to the school office within two weeks.

Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$756
3	\$49,403	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,563
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,179	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member, add	+ \$10,175	+ \$848	+ \$424	+ \$392	+ \$196

Is your income equal to or less than any of the amounts listed next to the number you circled?

Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks, or milk at their school(s)?

Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps?

Yes _____ No _____

Does your family qualify for medical assistance under Medicaid?

Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)?

Yes _____ No _____

Does your family receive housing assistance (Section 8)?

Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)?

Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2025

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2025, through June 30, 2026 (Federal Register/ Vol.90, No. 48/ Tuesday, March 13, 2025 / Notices, pg. 11938-39)



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Student Name _____

The items below are required prior to being admitted to Living Springs Academy.

- ☐ UPDATED student health exam (due one year from prior examination)
- ☐ UPDATED Immunization record (due one year from prior examination)
- ☐ Medical Consent to Treatment Form (notarized)
- ☐ Copy of Insurance Card (front and back)
- ☐ General Information Sheet
- ☐ Financial Contract
- ☐ Student Record Release Request Form
- ☐ Field Trip Consent Form
- ☐ Photo and Video Release Form
- ☐ Birth certificate
- ☐ Uniform Order
 - 3 Light blue or dark blue polos
 - Jacket
- ☐ E-Rate
- ☐ \$100 Registration fee (nonrefundable and due with application)
- ☐ \$50 Supply fee



Student Name: _____

Polos: (Short Sleeve Pique Polo, item #1012)

Jackets: (Full Zip Microfleece Jacket, item #1689)

Youth

____ XS (4/5)
____ S (6/7)
____ M (8)
____ L (10/12)
____ XL (14/16)
____ XXL (18/20)

Youth

____ XS (4/5)
____ S (6/7)
____ M (8)
____ L (10/12)
____ XL (14/16)
____ XXL (18/20)

Adult

____ S
____ M
____ L
____ XL

Adult

____ S
____ M
____ L
____ XL

You get THREE polos total. Please indicate your color preference. You MUST have at least
ONE light blue shirt.

How many light blue _____

How may navy blue _____

***NOTE:** THREE polos (one MUST be light blue) and a jacket are covered through tuition. The expense for EXTRA uniforms will not be covered. Uniforms will be purchased in the size indicated. No refunds or exchanges will be permitted.