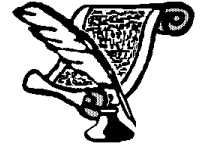


Seminole Independent Private School
414 Cedarwood Court, FL 32708
407-695-7969
a fully accredited private school



Here is the enrollment packet you've requested. Please read below to see what you need to copy **BEFORE** you start filling out these forms.

- | | |
|---|--|
| <i>*Teacher Administrator Certification and Application and Covenant</i> | 1 copy <u>PER</u> parent/guardian |
| <i>*Student Enrollment</i> | 1 copy <u>PER</u> student enrolled |
| <i>*Teacher Monthly Reports</i> | 12 copies <u>PER</u> student <u>PER</u> year |
| <i>*Teachers' Yearly Attendance</i>
(to be mailed in by May 1 st each year) | 1 copy <u>PER</u> student |

Fill out and have notarized these papers and return to the attendance office along with the full tuition amount at:

Seminole Independent Private School
C/O Sheila Benton
414 Cedarwood Court
Winter Springs, FL 32708

Any questions? Please call 407-695-7969 Thank you.



Seminole Independent Private School
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Teacher Administrator Requirements

I must be able to subscribe to the following declaration of religious belief:

"I recognize and worship a Creator who made all things; I believe that this Creator has revealed a moral code of behavior for happy living which distinguishes right from wrong; that this Creator holds mankind responsible for the way they treat each other; that all mankind lives beyond this life; that in the next life individuals are judged for their conduct in this one; and that the daily renewing of ones knowledge of and faith in their Creator through prayer and the study of the Holy Scriptures can strengthen one individually and all as a nation."

Prior to my acceptance as a Certified Teacher Administrator, I understand I am to return the following completed and notarized document to the school and to have paid all non-refundable fees required, to-wit: the Teacher Certification Application and Covenant along with the non-refundable family Registration Fee of \$30.00.

I understand the position of Teacher Administrator is a volunteer teaching position without remuneration.

I understand all Teacher Administrators need to be Certified and the Certification kept in good standing in order to be permitted to teach in this private school system.

All Certified Teacher Administrators submit to the school administration a TEACHER SELF-EVALUATION REPORT for each grade taught during the year at the end of the school year and this is an evaluation of the teacher. The purpose of this report is to give credibility to our Teacher Certification Program.

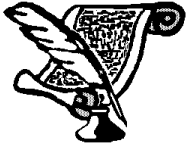
All Certified Teacher Administrators keep a TEACHER PLANNING BOOK which will contain the daily attendance of each student assigned to class and a record of the students subjects and grades so the Teacher Administrator may submit the proper monthly student reports to the school administration.

All Certified Teacher Administrators teach and record 180 days attendance for each child assigned to their classrooms.

If accepted as a Certified Teacher Administrator I understand I may be required to attend school or faculty meetings if I have received at least a two-week notice prior to the meeting.

Seminole Independent Private School does not require testing or evaluations of the students, but if I, the teacher, decide to have that done for my students, then I may submit results to SIPS to have it be a part of the student's permanent record. Testing is not automatically provided but can be obtained.

The Lease Agreement is the authorization to establish a Branch Campus of the school.



Seminole Independent Private School
414 Cedarwood Court, FL 32708
407-695-7969
a fully accredited private school



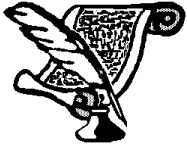
FEE SCHEDULE

REGISTRATION FEES - PER FAMILY, PER YEAR	\$40.00
FIRST CHILD PER YEAR	\$60.00
EACH ADDITIONAL CHILD-SAME FAMILY- PER YEAR	\$25.00
HIGH SCHOOL STUDENT FEE (per student) (Graduating students will receive one (1) OFFICIAL transcript with their diploma.)	\$10.00
OFFICIAL TRANSCRIPTS FOR COLLEGE APPLICATIONS	\$10.00 EACH

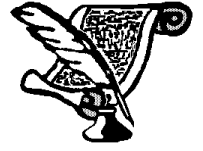
PLEASE MAKE CHECKS PAYABLE TO:
Seminole Independent Private School

(Mark your check "tuition fees" in the memo section, then it will serve as your receipt)

**FULL TUITION REQUIRED AT TIME OF ENROLLMENT OR RE-ENROLLMENT.
THANK YOU.**



Seminole Independent Private School
 414 Cedarwood Court, FL 32708
 407-695-7969
 a fully accredited private school



TEACHER ADMINISTRATOR CERTIFICATION APPLICATION AND COVENANT
 Pre-admission Evaluation and Special Membership Request

***Both parents must fill out, copy first., Notary Needed.**

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

Home Phone: () - _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Employer: _____

Position: _____

Employer Location/Address: _____

Marital Status: Married Divorced Separated Widow/Widower

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Position: _____

Employer Location/Address: _____

Number of children and their ages: _____

SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM ACCEPTS TEACHERS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN.

Racial Information: _____ a. Asian; _____ b. Hispanic; _____ c. Negro or Black;

_____ d. Black Hispanic; _____ e. North American Indian or Alaskan Native;

_____ f. White or Caucasian; _____ g. Other: _____

ACADEMIC RECORD:

TACAC (continued)

High School: _____

College: _____

Graduate Level: _____

Degrees: _____

Other: _____

I hold a government teacher certification. _____yes _____no

VOCATIONAL TRAINING: _____

COMMUNITY OR CHURCH SERVICE: _____

HOBBIES AND TALENTS: _____

Religion: _____Christianity _____Judaism _____Eastern _____Other: _____

Teaching Experience: _____

Please share your reasons why you wish to be a Certified Teacher Administrator in SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM. Please be brief but as open about your desires as you can. _____

FLORIDA STATUTE 623.13 provides as follows: "Any corporation organized and existing under this act shall be administered, supervised, operated, financed and controlled exclusively by private persons and private entities and their funds. All persons while acting in any public official capacity are hereby specifically prohibited from engaging in any manner in such administration, supervision, operation, financing and control of the affairs of such corporation."

SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, was incorporated under F.S. 623 in 1976 and has the distinction of being declared by Legislative Franchise, a private school.

TACAC (continued)

The By-laws of the corporation provide under "Membership" the following: "In keeping with the intent of the legislation and with the ideal of maintaining a goal of excellence, no federal, state or local government official or employee shall be permitted to be an active corporate member, director, officer, administrator, or employee of the corporation, or in any other way exercise any influence or control over the corporation, its members, the private school's system of education or the school's teachers and students."

FLORIDA STATUTE 232.021 provides: "ALL OFFICIALS, TEACHERS, and other employees in public, parochial, denominational, AND PRIVATE SCHOOLS, including private tutors, SHALL KEEP ALL RECORDS AND SHALL PREPARE AND SUBMIT PROMPTLY ALL REPORTS that may be required by law and by regulations of state and district boards.

Such records shall include a "Register of Enrollment and Attendance" and all such persons named above shall make such reports therefrom as may be required by the state board.

The enrollment register shall show the absence or attendance of each child enrolled for each school day of the year in a manner prescribed by the state board.

The register shall be open for the inspection by the superintendent or attendance assistant of the district in which the school is located.

Violation of the provisions of this sections shall be a misdemeanor of the second degree, punishable as provided by law."

FLORIDA STATUTE 232.023 FALSIFICATION OF ATTENDANCE RECORDS: "The presentation of reasonable and satisfactory proof that any teacher, principal, or other school personnel or school officer has falsified or caused to be falsified attendance records for which he is responsible shall be sufficient grounds for the revocation of his teaching certificate or for dismissal or removal from office by the Department of Education."

As a Certified Teacher Administrator in SEMINOLE INDEPENDENT, If I falsify attendance records I shall have my teaching certificate revoked and I will be dismissed as a teacher in the school. initial: _____

FLORIDA STATUTE 232.19 [6] PENALTIES: "The penalties for refusing or failing to comply with the provisions of this chapter shall be:

(a) THE PARENT: A Parent who refuses or fails to have a child who is under his control attend school regularly... is guilty of a misdemeanor of the second degree, punishable as provided by law. THE TEACHER: The continued or habitual absence of a child without the consent of the principal or teacher in charge of the school he attends or should attend, or of the tutor who instructs or should instruct the child, is prima facie evidence of a violation of this chapter."

However, the circuit court of the appropriate jurisdiction, upon finding that the parent has made a bona fide and diligent effort to control and keep the child in school, shall excuse the parent from any criminal liability prescribed herein and shall refer the parent and child for counseling, guidance, or other needed services in the public school system."

(b): "A principal or teacher in charge of a school, public, parochial, denominational, or private, or a private tutor who willfully violates any provision of this chapter may, upon satisfactory proof of such violation, have his teacher certificate revoked by the Department of Education."

As a Certified Teacher Administrator, I understand my Teacher Certification is evidence of my privilege to teach within the private school system of SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, and continued

teacher certification depends upon my compliance with: Statute 623 and the school's charter, By-law section pertaining to Teacher membership; The duties and obligations of Teacher Administrators according to the rules and regulations of its private school board, statute 232.021 and 232.16 [6] [b] governing teachers, statute 229.808 School Data Survey Law and/or any other state law governing private schools and/or private school teachers. I hereby declare and affirm I shall uphold these laws and the rules and regulations of this private school. **initial**_____

I hereby affirm as a Certified Teacher Administrator I shall teach and correctly record 180 days school attendance for each child assigned to my class per school year and submit each child's attendance, subjects and grades or suffer the immediate loss of my teaching credentials without refund. **initial**_____

I hereby affirm as a Certified Teacher Administrator I shall teach during the school year within the minimum required subject areas of Religion, Language Arts, Math, History, Geography, and Science and to select all curriculum and educational materials needed for each student in my respective classes. **initial**_____

In accordance with F.S. 232, I hereby affirm as a Certified Teacher Administrator, I shall make and place in my Teacher's Planning Book for each child assigned to my classroom an accurate record of each child's daily attendance. I shall make an accurate record of each child's progress in the approved subject areas and all other elective subjects. I will make from these records all required reports and submit them to the proper school administrator. **initial**_____

I hereby affirm as a Certified Teacher Administrator I shall make all student evaluations and administer all standardized testing. The results of these tests may be placed in the child's permanent record file. **initial**_____

I hereby affirm as a Certified Teacher Administrator I shall serve without pay. **initial**_____

I hereby affirm, pursuant to Florida Statute 623.08 and the school Charter and by-laws, as a Certified Teacher Administrator I shall be in charge of a school and shall choose the classroom for all children assigned and that the classroom may include but not be limited to the public library and other approved educational facilities as additional places of learning in the teaching of my pupils. **initial**_____

I hereby affirm as a Certified Teacher Administrator I will attend all required school or faculty meetings if a two-week notice has been made. **initial**_____

Because SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, is a multi-faith religious school, I hereby affirm the following DECLARATION OF RELIGIOUS PRINCIPLES:

"I recognize and worship a Creator who made all things; I believe that this Creator has revealed a moral code of behavior for happy living which distinguishes right from wrong; that this Creator holds mankind responsible for the way they treat each other; that all mankind lives beyond this life; that in the next life individuals are judged for their conduct in this one; and that the daily renewing of ones knowledge of and faith in their Creator through prayer and the study of the Holy Scriptures can strengthen one individually and all as a nation."

initial_____

I further affirm and declare I have not been convicted of any sexual crime/abuse and will treat each student with the highest integrity and respect. **initial**_____

I further affirm I have read the above statute and by-law provisions on page 2 of this document and proclaim I neither work for nor am I acting on behalf of any government. **initial**_____

Prior to my acceptance as a Certified Teacher Administrator I understand I am to return this completed and notarized document to the school and pay all non-refundable fees required, to-wit, the Teacher Administrator Certification application and Covenant along with the non-refundable yearly registration fee of \$40.00.

I understand a Certified Teacher Administrator may resign at any time, and if I am accepted as a Certified Teacher Administrator in SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, I depose when or if I desire to resign this position, I shall immediately contact by phone the SIPS Superintendent of Schools and give that person VERBAL NOTICE of my intent to resign and thereafter submit to the school within 10 calendar days, my written resignation that contains my truthful statement that I have fulfilled all duties and obligations assigned to me as a Certified Teacher Administrator up to the date of the resignation. I further maintain I shall mail or submit in person to the Superintendent of Schools along with my resignation, all remaining student forms, information, and/or reports that are due to fulfill my duties and obligations as a Certified Teacher Administrator.

STATE OF FLORIDA) SS: AFFIDAVIT
COUNTY OF _____)

I, _____, being of full age duly sworn upon my oath depose and say under penalties of perjury, that I have examined this Teacher Administrator Certification Application and Covenant, including all statements made herein and to the best of my knowledge and belief, they are true, correct, and complete.

SIGNATURE

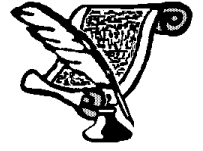
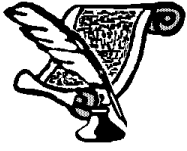
IN WITNESS thereof, I have signed and sealed these presents this _____ day of _____, A.D. 20____.

STATE OF FLORIDA)
COUNTY OF _____)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared _____, to me known by Florida Driver's License Number _____, to be the person described herein and who executed the foregoing instrument and acknowledged before me that the statements therein are true.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, A.D. 20____.

Notary Public Florida at large:
My Commission expires:



STUDENT ENROLLMENT AND PARENT COVENANT

***One per student, Copy if needed, Notary Needed**

1. LEGAL REQUIREMENT: (F.S. 232.03)
EVIDENCE OF DATE OF BIRTH REQUIRED:

"Prior to admitting a child to pre-kindergarten or kindergarten, the principal shall require evidence that the child has attained the age at which he should be admitted in accordance with provisions of s. 232.01, 232.04, or 232.045"

In order to comply with this law, SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM requires the parent to allow the Superintendent to view the birth certificate or furnish a copy thereof of all children who seek admittance to pre-kindergarten or kindergarten.

The following are voluntary materials, which may be placed in any child's school accumulative file if parents wish to comply:

- A xerox copy of the birth certificate
- A yearly picture of the child
- A copy of the child's unregistered fingerprints

2. LEGAL REQUIREMENT: (F.S. 232.0315)
SCHOOL ENTRY HEALTH EXAMINATIONS

"[1] The governing authority of each non-public school shall require that each child who is entitled to admittance to pre-kindergarten or kindergarten, or is entitled to any other initial entrance into a public or non-public school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school. Any child may be exempt from the requirement of a health examination upon written request of the parent or guardian of such child stating objections to such examination on religious grounds"

The local county health services unit has the proper HRS "School-Entry Health Examination" form. This requirement also applies to any child regardless of grade level going into a Florida school for the first time. The results of the physical examination are submitted with this enrollment application. **Y N NA**
parents initials:

3. LEGAL REQUIREMENT: (F.S. 232.032)
IMMUNIZATION AGAINST COMMUNICABLE DISEASES

[1] The Department of Health and Rehabilitative Services, after consultation with the Department of Education, shall promulgate rules governing the immunization of children against, the testing for, and control of preventable communicable diseases. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health and Rehabilitative Services. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The HRS shall supervise and secure the enforcement of the required immunization. Immunizations required by this act shall be available at no cost from the local county health units.

[2] The school board of each district and the governing authority of each non-public school shall establish and enforce as policy that, PRIOR TO ADMITTANCE TO OR ATTENDANCE in a non-public school, grades Kindergarten through 12, or a public preschool, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the HRS and pupils for SCOLIOSIS at the proper age. Such certification shall be made on forms approved and provided by the HRS and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. MY CHILD HAS HAD A SCOLIOSIS SCREENING AT THE PROPER AGE. Y N

[3] The provisions of this section SHALL NOT APPLY IF:

(a) a parent or guardian of the child objects in writing that the administration of immunizing agents conflicts with his religious tenets or practices.

(b) a physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of HRS, that the child should be exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the exemption at that time.

(c) the Department of HRS determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(d) an authorized school official issues a temporary exemption for a period not to exceed 30 school days, to permit a child who transfers into a new county to attend class until his records can be obtained. The public school health nurse or authorized non-public school official is responsible for follow-up of each such child until proper documentation or immunizations are obtained.

[4] (a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this with similar professional training would have acted under the same or similar circumstances.

(b) No member of a school board, or any of its employees, or member of a governing board of a non-public school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.

[5] The parents or guardians of any child admitted to or in attendance at a Florida public or non-public school, grades kindergarten through 12, or a public preschool are responsible for assuring that the child is in compliance with the provisions of this section.

[6] Each non-public school or kindergarten shall be required to provide to the county health unit director annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the HRS.

[7] The presence of any of the communicable diseases for which immunization is required by the Department of HRS in a Florida non-public school shall permit the county health director or Deputy Assistant Secretary for Health to declare a communicable disease emergency. The declaration of such emergency shall mandate that all children in attendance in the school who are not in compliance with the provisions of this section be identified by the governing authority of the non-public school; the health and immunization records of such children shall be made available to the county health director. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the governing authority until such time as is specified by the health unit director.

[8] The governing authority of each private school shall:

(a) refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or non-public school, who is not in compliance with the provisions of subsection 2 or 3.

(b) Effective August 1, 1982, temporarily exclude from attendance any student who is not in compliance with the provisions of subsection 2.

[9] The provisions of this section DO NOT APPLY TO those persons admitted to or attending ADULT education classes UNLESS the adult students are under 21 years of age."

A. I have submitted the appropriate immunization records for my child. Y N NA OR

B. I have submitted a religious exemption for this child. Y N NA OR

C. The appropriate immunization records are already in my child's permanent school records.
Y N NA OR

D. I am an adult student over 21 years of age. Y N NA

I affirm I understand my child cannot be enrolled or attendance be taken until or unless I comply in an approved manner with this legal requirement. **parent's signature**_____

4. LEGAL REQUIREMENT: (F.S. 232.02 [3])

Student Enrollment Application form properly completed and returned to the school. All legally required reports submitted to the school to be placed in the student's permanent records. Payment received for ALL student tuition and other assessments required.

I hereby agree to pay student tuition and other required student assessments. The tuition fee for the first child is \$60.00. The tuition fee, each additional child in a family is \$25.00 per child.

This is the _____ child enrolled in the school.
number

5. LEGAL REQUIREMENT: (F.S. 232)

Sign the proper request form so this Student's prior school records may be transferred from the school the Student last attended. ...if applicable, sign the form requesting a copy of student's previous years evaluation letters that were submitted to the Superintendent of Public Schools.

I have signed the proper form necessary for the transfer of my child's permanent school records and returned them to SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM.

Parent's initials_____

6. LEGAL REQUIREMENT: (F.S. 232.02 [4])

Parent must send a letter terminating participation in the Home Education Program to the county superintendent of public schools if applicable.

I have written a signed statement terminating participation in the Home Education Program and submitted it to the Superintendent of public schools in my county and submit a copy of the letter to SEMINOLE COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM with this completed application.

Y N NA initials_____

7.. LEGAL REQUIREMENT: (F.S. 232.09)

PARENT HELD LEGALLY RESPONSIBLE FOR CHILD'S SCHOOL ATTENDANCE:

"Each parent of a child within the compulsory attendance age shall be responsible for such child's school attendance as required by law. The absence of a child from school shall be prima facie evidence of a violation of this section; however, no criminal prosecution shall be brought against a parent, or guardian, or other person having control of the child until the provisions of F.S. 232.17 [2] [c] have been complied with. No parent of a child shall be held responsible for such child's nonattendance at school under any of the following conditions:

(1) WITH PERMISSION: The absence was with permission of the head of the school or

(2) WITHOUT KNOWLEDGE: The absence was without the parent's knowledge, consent, or connivance, in which case the child shall be dealt with as a dependent child."

F.S. 232.19 [6] provides, "PENALTIES: The penalties for refusing or failing to comply with the provisions of this chapter shall be:

(a) THE PARENT: A parent who refuses or fails to have a child who is under his control attend school regularly... is guilty of a misdemeanor of the second degree, punishable as provided by law.

The continued or habitual absence of a child without the consent of the principal or teacher in charge of the school he attends or should attend... is prima facie evidence of a violation of this chapter.

However, the circuit court of the appropriate jurisdiction, upon finding that the parent has made a bona fide and diligent effort to control and keep the child in school, shall excuse the parent from any criminal liability prescribed herein and shall refer the parent and child for counseling, guidance, or other needed services."

(b) A principal or teacher in charge of a school, public, parochial, denominational, or private or a private tutor who willfully violates any provision of this chapter may, upon satisfactory proof of such violation, have his teacher certificate revoked by the Department of Education."

F.S. 232.17 [2] [c]: GIVE WRITTEN NOTICE

"Under the direction of the superintendent of public schools, the attendance assistant shall give written notice, either in person or by registered mail to the parent when no valid reason is found for a child's non-enrollment in or absence from school, requiring enrollment or attendance within 3 days from the date of notice. If such notice and requirement are ignored, the attendance assistance shall report the case to the superintendent, and that officials hereinafter provided shall take such steps as are necessary to bring criminal prosecution against the parent, guardian, or other person having control. No further written notice of the child's absence from school is required to be given to the parent unless the child, upon his return to school, remain in attendance for 10 consecutive days."

PLEASE SIGN: As a parent of a compulsory school age child, I, _____, hereby affirm I understand I am held legally responsible for my child's school attendance and that my child also understands if he/she does not attend school, he or she will be held legally responsible for breaking the law.

8. LEGAL REQUIREMENT: (F.S. 232.02 [2])
RELIGIOUS SCHOOL

Because SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, INC. is a religious school made up of persons who practice various religious faiths, I, too, hereby affirm by belief in the following DECLARATION OF RELIGIOUS PRINCIPLES:

"I recognize and worship a Creator who made all things; I believe that this Creator has revealed a moral code of behavior for happy living which distinguishes right from wrong; that this Creator holds mankind responsible for the way they treat each other; that all mankind lives beyond this life; that in the next life individuals are judged for their conduct in this one; and that the daily renewing of ones knowledge of and faith in their Creator through prayer and the study of the Holy Scriptures can strengthen one individually and all as a nation." Initials _____

STATE OF FLORIDA)
COUNTY OF _____) SS: AFFIDAVIT

- I, _____, being of full age duly sworn upon by oath depose and say:
1. Under penalties of perjury, I declare that I have examined this student enrollment application and parental covenant, including all statements therein and to the best of my knowledge and belief, are true, correct and complete.
 2. As the parent of the child, seeking enrollment, I hereby affirm I have complied with all the requirements for my child's enrollment.
 3. I further declare I have read the above statute and bylaw provisions and proclaim I neither work for nor am I acting on behalf of any government.
 4. I hereby release SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, its officers, employees, and teachers from any and all responsibilities and absolve them from any claim of loss, damage, or injury of any nature to person or property as a result of the school's programs.

SIGNATURE

In Witness thereof, I, _____, the said party, have signed and sealed these presents this _____ day of _____, A.D. 20_____.

STATE OF FLORIDA)
COUNTY OF _____)
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared _____ to me known by Florida Driver's License Number: _____ to be the person described herein and who executed the foregoing instrument and acknowledged before me that the statements therein are true.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, A.D. 20_____.

Notary Public Florida at Large
My Commission expires:

APPLICATION FOR STUDENT ENROLLMENT FORM

YEAR: _____

Student Name: _____

Birthdate: _____ Birthplace: _____

Age: _____ Gender: _____

SEMINOLE INDEPENDENT PRIVATE SCHOOLS SYSTEM ADMITS STUDENTS OF ANY RACE, RELIGION, COLOR, NATIONAL AND ETHNIC ORIGIN.

Student Address _____

Social Security # _____

Phone: _____

Father: _____

Mother: _____

Date entered SIPSS: _____

Grade level: _____

Student was registered last year with the Superintendent of Public Schools and enrolled in the Home Education Program? Yes No

Name and address of last school attended if other than SIPSS:

Date withdrawn from former school: _____

Number of days attended other school this year: _____

ITEMS IN THE STUDENT'S PERMANENT RECORD:

_____ Physical Examination Report

_____ Immunization Records

_____ Signed Exemption

_____ Scoliosis Report

_____ Copy of Birth Certificate

_____ Unregistered fingerprints

_____ Yearly Photograph

Date of student's last physical: _____

Name, address, and phone number of student's physician:

Name, phone number, and relationship of person to contact in case of emergency:

(Below - School Office Use)

School ends May 1, _____

Date Promoted: _____ Grade level next year: _____

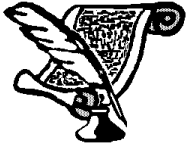
Date Graduated: _____

Date withdrawn: _____ Total days present prior to withdrawal: _____

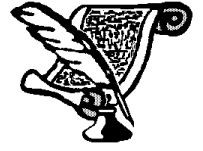
Total days absent prior to withdrawal: 0

Student Records forwarded to:

Date Forwarded: _____



Seminole Independent Private School
 414 Cedarwood Court, Winter Springs, FL 32708
 407-695-7969
 a fully accredited private school



***Both Parents to sign**

In order to for the school to meet its accreditation requirements and for the teachers to meet their certification requirements, the following six areas of instruction must be taught each year:

Religion – Character, Morals

Science - earth science, life science, physical science, health, nutrition, technology, environmental

Numeration Systems-numbers, mathematics, geometry, algebra, logic, decimals, etc.

History - ancient history, American History, World History, Current events, etc.

Language Arts- English, Spelling, Poetry, composition, writing, foreign languages, etc.

Geography - map skills, atlas reading, elevation, population density, interstate highways, county & city highways, etc.

I understand as a Teacher/Administrator, I/we will teach the above-required areas of instruction.

 Teacher/Administrator

 Date

 Teacher/Administrator

 Date

LEASE AGREEMENT

***Both Parents to sign, Notary needed**

Made this _____ day of _____, 20_____, between _____
and _____, hereafter known as the Lessors and/or as
parties of the first part,

.....AND.....

SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, hereafter known as the Lessee, or party
of the second part.

The terms of this lease agreement are:

The Lessors, as landlord of the private property to be leased, hereby covenant with the Lessee,
SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM, to allow the property herein listed to be
leased for use as a Branch School. The location of the private property to be leased is:

The Lessee and the Lessor agree said Branch School shall only be operated by authorized and
certified teacher administrators, and the Lessee hereby stipulates the only authorized Teacher
Administrators who may operate this particular Branch School shall be the parties of the first part,
during such times and on such days as school is officially held at this location. The party of the
second part further stipulates use of the private property by these authorized Teacher Administrators
for official school purposes shall not be more than 180 school days out of a 335 day calendar year for
each student assigned to the school.

The terms of this agreement are for one year and must be completed within 12 months. Each school
year begins at 8:00 am, June 1st and ends at 5:00 p.m. on May 1st of the following year.

The use of this property as a Branch School is valued at \$150.00 per month.

It is mutually agreed between the parties hereto and shall be an essential part of this contract that all
covenants and agreements herein contained shall extend to and be obligatory upon the both parties
unless the parties of the first part fail to perform the covenants made and entered into as Certified
Teacher Administrators in SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM. Such failure
will cause this agreement to no longer be binding on either the Lessor or Lessee and this lease
agreement will then be made null and void.

The party of the first part may void this agreement at any time by a signed and dated statement
mailed or hand delivered to the school administrative office stating they have chosen to dissolve this
lease agreement.

-over-

IN WITNESS whereof, the parties of the first part have here unto set their hands and seals to these presents this ___ day of _____ A.D. 20_____.

STATE OF FLORIDA)
COUNTY OF _____)

I HEREBY CERTIFY that on this day, before me, and officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared _____, to me known by Florida Driver's License Number: _____ and _____ to me known by Florida Driver's License Number: _____ to be the persons described herein as the parties of the first part and who executed the foregoing instrument and acknowledged before me that the statements therein are true, correct and complete.

signature

signature

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, A.D. 20_____.

Notary Public Florida at Large
My commission expires:

IN WITNESS whereof, the party of the second part as its authorized officers represent a corporation and they have here unto set their hands and seals to these presents this _____ day of _____, 20_____.

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared DONNA R. BRINKLE, as President of SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM to me known by Florida Driver's License Number: _____ and SHEILA L. BENTON as Secretary/Treasurer of SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM to me known by Florida Driver's License Number: _____ as authorized representatives for the party of the second part described herein, and have executed their part in the foregoing instrument and acknowledged before me that the statements therein are true, correct, and complete.

President

Secretary/Treasurer

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____ A. D. 20_____.

Notary Public Florida at Large
My commission expires:



Seminole Independent Private School
 414 Cedarwood Court, Winter Springs, FL 32708
 407-695-7969
 a fully accredited private school



_____ (year)

One per student, copy if necessary

TEACHERS' YEARLY ATTENDANCE SHEET

STUDENT'S NAME: _____ **AGE:** _____ **GRADE:** _____
DATE ENROLLED: _____ **DATE WITHDRAWN:** _____

Directions: Circle the day school is held

JUNE:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

JULY:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

AUGUST:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

SEPTEMBER:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

OCTOBER:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

NOVEMBER:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

DECEMBER:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

JANUARY:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

FEBRUARY:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

MARCH:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

APRIL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31 Monthly Attendance: _____

MAY:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31

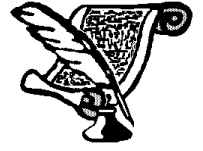
THIS REPORT IS TO BE SUBMITTED BY MAY 1, _____; WHEN 180 DAYS IS REACHED OR WHEN STUDENT TRANSFERS.

 Teacher Signature

YEARLY TOTAL _____



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RELEASE OF SCHOOL RECORDS

Date: _____ One per student , copy if needed

I, the undersigned, authorize the transfer of the following student's school records to the private school listed herein, including all psychological testing, intelligence scores, personality scores, or any other records, with the understanding that these records will be kept in the strictest confidence.

Please transfer my child's records to:

SEMINOLE INDEPENDENT PRIVATE SCHOOL SYSTEM
 RECORDS DEPARTMENT, Room 5
 414 Cedarwood Court
 Winter Springs, FL 32708

Student's name: _____

Student's birthdate: _____

SCHOOL LAST ATTENDED: _____
 (name)

 (address)

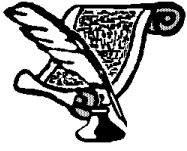
 (city, state, zip)

The records should be for the years _____ through _____

Grade level _____ through _____

Signed: _____

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll may receive a student's record without written consent of such release.



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TEACHER ADMINISTRATOR DIRECTIVE: SCHOOL BOARD APPROVED SUBJECTS

(This is not a complete list. Please retain list in your Planning Book)

Numbers
Arithmetic
General Math
Business Math
Algebra 1/2, 1 1/2, 2
Geometry/Trigonometry/Calculus
Bookkeeping/Accounting
Personal/Business Finance
Letters
Phonics
Printing
Reading
Writing
Spelling
English Grammar
English and American Literature
Biographies
Speech/Debate/Public Speaking
Family Genealogy & History & Heraldry
Creative Writing: Own Journal or diary, poetry
short stories, novels, short subject articles
Advertising/Printing
Business English/Business Law
Typing/Filing/Shorthand
Computer Science: Data Entry, Programming,
Graphics, Art
Social Science
Political Science
U.S. Educational History/Florida Ed. Law
Law
U.S. Economic System (past to present)
Constitutional Studies: Limited Republic,
Socialistic, Fascist, Communistic
Geography/Maps/Compass
American History
State History
World History
Scriptural Histories
Church History
Archaeology
Social Relations

Business Machines
Operate a small home based business
2nd Languages: American Sign Language,
English, Spanish, French, German
Other: _____
Personal Hygiene/Health
Biology/Reproduction
Physical Science
Natural Science/History
Marine Biology/Boating
Oceanography/Fishing Industry
Chemistry
Standard First Aid/CPR
Home nursing
Communicable Diseases/AIDS
Alcohol/Drugs/Smoking
Herbology/Holistic Medicine
Family and Child care
Nutrition/dieting
Animal Husbandry
Veterinarian Studies
Hunting/Guns/Bow & Arrows
Gardening/Agriculture
Botany: Plants and Landscaping
Cooking/Baking/Candy
Cake & Cookie Decorating
Can/Dehydrate/Freeze Foods
Environmental/Natural Resource Studies
Insects/Reptiles
Sales/Marketing/Management
Signs/Display
Drivers' Education
Auto Mechanics/Cars
Welding/Soldering
Architecture
Home Plumbing
Home Carpentry/Painting
Home Electrical Repairs
Architecture/Drafting
Photography/Video
Communications and Media Industries

Etiquette
 Fashion/Design/Beauty
 Pattern Making
 Clothing Construction/Textiles/Care
 Crosstitch/Knitting/Crocheting
 Embroidery/Crewel
 Needlepoint/Needle punch
 Smocking
 Quilting
 Interior Decorating
 Weaving
 Rug making: Hook and other
 Furniture: refinishing/upholstery/making
 Picture Frames
 Macramé/Knots/Tatting
 Basket weaving/Canning
 Art Appreciation
 copper enameling
 Ceramics/Pottery: Mold & Wheel
 Porcelain/glass/china painting
 Dolls: Porcelain, wood, composition,
 or soft sculpture
 Doll House and furnishings
 Miniature Model Construction
 Air Brush
 Coloring crayons
 Drawings: pencil, ink, chalk
 Graphic Arts/Transfer art
 Calligraphy
 Stenciling
 Carving: Soap, Wood, etc.
 Wood burning
 Sculpting, clays of all kinds
 Paper Construction

Geology/Minerals/Gems
 Astronomy/Weather
 Pets: Cats, Dogs, Horses, Birds, Fish,
 Insects, Rabbits, Chickens,
 Gerbils, others
 Metallurgy/Gems
 Jewelry Making
 Flower arranging/Flower Drying
 Puppeteer
 Clown
 Cinema/VCR cameraman
 Drama/Acting
 Television
 Theater

Music Appreciation
 Choir/Singing
 Musical Instrument
 Opera/Ballet
 Tap/Modern Dance
 Ballroom Dancing

Chess/Checkers
 Crossword Puzzles
 Other Logic Games

Study of Religion
 Study of Scriptures

Collections of all kinds

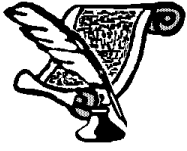
Leather working
 Scherinsnitza (Paper cutting)

Gymnastics
 Swimming/water sports
 Jogging
 Running: track & field
 Yoga
 Walking
 Hand Ball
 Horseshoes

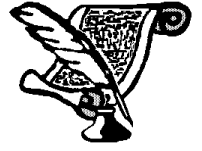
Jump Rope
 Ping Pong
 Tennis
 Golf
 Aerobics
 Bicycling
 Martial Arts
 Weightlifting

Racket Ball
 Baseball
 Softball
 Basketball
 Football
 Volleyball
 Badminton
 Croquet

Old tires, tubes, rope, barrels, drums, boards can make a safe gym set for the younger set. These things are usually available for the asking.



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TEACHER SELF-EVALUATION PROGRAM AND REPORT

_____ (year)

[Teachers are to choose the person who shall act as their Teacher Evaluator. This form is to be filled in by the teacher in cooperation with the evaluator and both are required to sign it at the proper place. PLEASE USE A SEPARATE FORM FOR EACH GRADE LEVEL TAUGHT.]

TEACHER'S NAME: _____

Date: _____ GRADE TO BE EVALUATED: _____

Number of students taught in this grade: _____

STUDENT NAME{S}: _____

In the following spaces outline the scope of curriculum which was taught. If additional space is desired write on the back of this sheet or attach additional sheets.

Numbers/Arithmetic/Math/Algebra: _____ Academic Level _____

History: _____ Academic Level _____

Geography: _____ Academic Level _____

Science: _____ Academic Level _____

Language Arts:

Academic Level _____

Religion/Character Development:

Academic Level _____

Elective: Physical Education / Sports

Academic Level _____

Elective: Music / Art

Academic Level _____

Elective:

Academic Level _____

(If more electives: Report on back of this sheet or on an additional sheet.)

I hereby affirm I have given a true report of the scope of the subjects I have taught at this grade level.

I hereby affirm I have submitted all the yearly attendance for all the students taught at this grade level.

TEACHER LONG TERM GOAL: _____

List short term goals enabling the attainment of the long term goal: _____

TEACHER'S SIGNATURE: _____

Date: _____

By Evaluator:

I have reviewed the subject outlines with the teacher which was recorded in the Teacher's Planning Book or Portfolio for grade and academic level _____ which were taught during the _____ school year. (year)

SUGGESTIONS AND/OR COMMENTS FOR THE TEACHER:

Evaluator: I hereby affirm I have had a minimum of three (3) years teaching experience.

Evaluator's Signature: _____

Evaluator's Address: _____

Evaluator's Phone: (_____) _____

This form must be received by May 1, _____.

THE ORIGINAL: Please send to the Superintendent at the School Office, it will be placed in the TEACHER ADMINISTRATOR FILES.

SECOND COPY: should be kept by the teacher.

THIRD COPY: May be kept by the Evaluator if desired.

TO: _____ COUNTY SUPERINTENDENT OF PUBLIC SCHOOLS

RE:NOTICE OF TERMINATION OF HOME EDUCATION PROGRAM IN ACCORDANCE

WITH THE FLORIDA HOME EDUCATION ACT, _____

BORN _____ LIVING AT _____

IS TERMINATING HIS/HER HOME EDUCATION PROGRAM AND ENROLLING IN A PRIVATE SCHOOL.

THANK YOU.

Parent

Parent

DATE