LAKE PREP SCHOOL

ENROLLMENT FORM

2026-2027 SCHOOL YEAR
ENTERING GRADE LEVEL ☐
K-8

1000 West Main Street Leesburg, FL 34748 lakeprepschool@hotmail.com

STUDENT INFORMATION

FIRST NAME | LAST NAME | MIDDLE

SOCIAL SECURITY NUMBER (- -) | BIRTHDATE (/ /) | GENDER

PARENT/GUARDIAN INFO.

PHONE (PRIMARY NUMBER) ( ) - | PHONE (SECONDARY NUMBER) ( ) -

FATHER'S FIRST NAME | LAST NAME

MOTHER'S FIRST NAME | LAST NAME

EMAIL ADDRESS

HOME ADDRESS

CITY | STATE (F L) | ZIP CODE

EMERGENCY INFORMATION

CONTACT NAME (PRIMARY) | CONTACT PHONE ( ) -

CONTACT NAME (SECONDARY) | CONTACT PHONE ( ) -

ANY ALLERGY / MEDICATION: _____

ADDITIONAL INFORMATION: _____

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MEDICAL INFORMATION

STUDENT

FIRST NAME | LAST NAME | MIDDLE

MEDICAL RECORD

D R.

PHYSICIAN NAME

( ) -

OFFICE PHONE

FLORIDA LAW REQUIRES EVERY STUDENT ENROLLING IN A FLORIDA SCHOOL BE PROPERLY IMMUNIZED OR HAVE A SIGNED WAIVER ON FILE AT THE SCHOOL. IN ADDITION, THIS RECORD MUST BE ON A FLORIDA FORM. CHILDREN ENTERING OR ATTENDING THE 7TH GRADE WILL ALSO BE REQUIRED TO HAVE COMPLETED THE FOLLOWING: HEPATITIS B VACCINATION SERIES, A SECOND MEASLES VACCINATION OR MMR AND A TETANUS-DIPHTHERIA BOOSTER. IF THE IMMUNIZATION RECORD OR SIGNED WAIVER IS NOT ON FILE, IN ACCORDANCE WITH THE LAW, THE STUDENT WILL NOT BE PERMITTED TO ATTEND *LAKE PREPARATORY SCHOOL*.

MEDICAL INSURANCE

POLICY HOLDER NAME

POLICY NUMBER

MEDICAL RELEASE

IN THE EVENT OF AN EMERGENCY OR NON-EMERGENCY SITUATION REQUIRING MEDICAL TREATMENT, I GRANT PERMISSION FOR ANY AND ALL MEDICAL AND/OR DENTAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF AN ACCIDENTAL INJURY OR ILLNESS. THIS PERMISSION INCLUDES, BUT IS NOT LIMITED TO, THE ADMINISTRATION OF OVER-THE-COUNTER MEDICATION (ADMINISTERED ACCORDING TO THE DIRECTION ON THE LABEL), FIRST AID, AND THE USE OF AN AMBULANCE FOR EMERGENCY IN THE EVENT MY CHILD HAS TO BE TRANSPORTED TO A HOSPITAL.

I UNDERSTAND THAT LAKE PREPARATORY SCHOOL, THEIR EMPLOYEES, AND REPRESENTATIVES WILL HAVE THE SAFETY OF MY CHILD IN THEIR BEST INTEREST AND WILL ATTEMPT TO CONTACT ME AND/OR THE EMERGENCY CONTACT PERSON AT THEIR EARLIEST CONVENIENCE.

MY SIGNATURE ALSO SERVES TO INDICATE MY WILLINGNESS TO PAY ALL COSTS AND EXPENSES INCURRED IN CONNECTION WITH SUCH MEDICAL AND/OR DENTAL SERVICES RENDERED TO MY CHILD. I AGREE TO HOLD HARMLESS *LAKE PREPARATORY SCHOOL*, THEIR EMPLOYEES, AND REPRESENTATIVES FROM ANY AND ALL LIABILITIES AND CLAIMS FOR PERSONAL INJURY, ILLNESS OR DEATH, AS WELL AS PROPERTY OR PERSONAL DAMAGE AND EXPENSES OF ANY NATURE WHATSOEVER. THIS CONSENT AND RELEASE WILL BE IN EFFECT FOR THE CURRENT SCHOOL TERM AND WILL TERMINATE THEREAFTER.

PARENT/GUARDIAN SIGNATURE

DATE

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FINANCIAL AGREEMENT

STUDENT

FIRST NAME | LAST NAME | MIDDLE

TUITION FEES

EACH CHILD'S TUITION IS BASED ON A FULL SCHOOL YEAR'S ENROLLMENT OF 10 MONTHS. **A NONREFUNDABLE ADVANCE OF $500 IS REQUIRED FOR ENROLLMENT FOR EVERY CHILD**. THIS ADVANCE PAYMENT WILL BE DEDUCTED FROM THE TOTAL TUITION AMOUNT.

IF ENROLLED BEFORE THE START OF THE SCHOOL YEAR: $ 8, 700 (ANNUAL BASE PRICE)
- 500 (MINUS ADVANCE)
$ 8 ,200
$820.00 10 MONTHLY PAYMENTS

PAYMENT PLAN

FOR YOUR CONVENIENCE, YOU CAN SELECT TO MAKE 10 EQUAL PAYMENTS, WHICH ARE BASED ON THE SCHOOL'S YEARLY TUITION, TWO PAYMENTS FOR THE SCHOOL YEAR, OR ONE PAYMENT. PLEASE SELECT YOUR PAYMENT FROM BELOW.

☐ **10 EQUAL PAYMENTS plus $500 deposit**
10 MONTHLY EQUAL PAYMENTS OF $ 820.00

☐ **TWO EQUAL PAYMENTS**
Two EQUAL PAYMENTS OF $ 4,018.00 (2% DISCOUNT) plus $500 deposit
*BEFORE **JULY 1ST**, FIRST PAYMENT DUE SECOND PAYMENT DUE BEFORE **DECEMBER 1ST***

☐ **ONE TIME PAYMENT**
One PAYMENT OF ONLY $ 7,790.00 (5% DISCOUNT) plus $500 deposit
*PAYMENT IS DUE BEFORE **JULY 1st** TO RECEIVE FULL DISCOUNT*

TUITION FEES ARE DUE BY THE 10TH DAY OF EACH MONTH. A FEE OF $25 WILL BE CHARGED FOR ALL LATE PAYMENTS. TWO CONSECUTIVE MONTHS OF NO PAYMENT WILL RESULT IN YOUR CHILD BEING EXPELLED FROM LAKE PREPARATORY SCHOOL.

_____

PARENT/GUARDIAN SIGNATURE DATE

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