

**Heart to Heart Christian Academy**  
**2022-2023**  
**Student Registration Checklist**

**Documents Required:**

- \_\_\_\_\_ Complete Student Registration Packet (New Student Only).
- \_\_\_\_\_ First Initial Page of the Student Registration (Returning Students Only).
- \_\_\_\_\_ Birth Certificate.
- \_\_\_\_\_ Current Report Card
- \_\_\_\_\_ Immunization Record.
- \_\_\_\_\_ Physical (New Students Only).
- \_\_\_\_\_ IEP (If Applicable).
- \_\_\_\_\_ 2022-2023 Award Letter. (Not needed for private pay applicants)

**\*\*\*Required Forms to be Notarized\*\*\***

\_\_\_\_\_ Notarized Forms Completed  
COMPLETE

\_\_\_\_\_ Notarized Forms Incomplete  
INCOMPLETE

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OFFICE USE ONLY:

\_\_\_\_\_ All Documents Received

\_\_\_\_\_ No Documents Received

# HEART TO HEART CHRISTIAN ACADEMY

K4 through 12th Grade

BISHOP DR. BILLY W. WHITE, SR. & DR. JUANITA WHITE, DIRECTORS

BILLY W. WHITE JR., ASST DIRECTOR

DR. JUANITA WHITE, ACTING PRINCIPAL

"Building a Foundation of Excellence in Children's Lives"

## PRELIMINARY REGISTRATION - PARENT/CHILD QUESTIONNAIRE

STUDENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. HOW DID YOU HEAR ABOUT OUR SCHOOL?

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2. WHAT ARE SOME OF YOUR CHILD'S INTERESTS?

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3. WILL YOU NEED TRANSPORTATION FOR YOUR CHILD, YES OR NO? IF SO, WILL YOU NEED BOTH (PICK-UP) OR (DROP-OFF ONLY), OR BOTH (TO-AND-FROM SCHOOL)?

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4. IF TRANSPORTATION IS NEEDED, PLEASE LIST YOUR COMPLETE ADDRESS

( PLEASE NOTE: TRANSPORTATION IN YOUR AREA MAY OR MAY NOT BE OFFERED IN YOUR AREA )

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5. WILL YOUR CHILD BE NEEDING BEFORE AND AFTERCARE SERVICES, **YES** OR **NO**? \_\_\_\_\_

6. IS THERE ANYTHING IMPORTANT THAT WE NEED TO KNOW REGARDING YOUR CHILD, **YES** (OR) **NO**?

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7. IS YOUR CHILD CURRENTLY ON AN IEP, **YES** (OR) **NO**?

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8. ARE THERE (**OR**) WERE THERE ANY DISCIPLINARY OR BEHAVIOR ISSUE(S) AT YOUR CHILD'S CURRENT OR PREVIOUS SCHOOL LAST YEAR THAT WE SHOULD KNOW ABOUT, **YES** OR **NO**? \_\_\_\_\_

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<input type="checkbox"/> Private Pay <input type="checkbox"/> FTC <input type="checkbox"/> FES <input type="checkbox"/> READING <input type="checkbox"/> FES (GARDINER)	<input type="checkbox"/> MCKAY <input type="checkbox"/> AAA <input type="checkbox"/> HOPE	Transportation Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Need Uniforms go to: <a href="http://www.frenchtoast.com">www.frenchtoast.com</a> <a href="http://h2hacademy.com">h2hacademy.com</a> SCHOOL CODE: <u>QS5EBWQ</u>
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STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
    STREET     CITY     STATE     ZIP CODE

AGE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_ GENDER \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ CELLPHONE NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

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**MOTHER'S (or legal guardian's):**

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_: MARRIED \_\_\_\_\_: SINGLE \_\_\_\_\_: DIVORCED \_\_\_\_\_: WIDOWED

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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**FATHER'S (or legal guardian's):**

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_: MARRIED \_\_\_\_\_: SINGLE \_\_\_\_\_: DIVORCED \_\_\_\_\_: WIDOWED

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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EMERGENCY CONTACT OTHER THAN PARENT \_\_\_\_\_ NUMBER \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

### Electronic Device Questionnaire:

Important Note: Each student is required to possess an electronic device in order to complete their educational academics, while enrolled here at Heart to Heart Christian Academy. Our curriculum is an online based curriculum. The parental guardian is solely responsible to seek out and provide their own internet service. If you do **NOT** have a workable electronic device, one can be provided to you with Non-Refundable Rental Deposit fee of \$50.00. If you agree to rent the available device, you assume **ALL** responsibility and you agree, **if damages occur or are made to the rental device, you will be responsible for damages to the rental device as such, and agree you will be charged an additional \$275.00.**

Equipment Questionnaire:	Workable Equipment		Rental Needed	Please indicate by circling below
Desktop Computer - Workable	Yes	No	Not Available	Not Available
Laptop - Workable	Yes	No	Not Available	Not Available
Internet	Yes	No	Not Applicable	Parental Responsibility

### Disclosure:

\*\*\* Below, if you choose to decline the rental equipment from Heart to Heart Christian Academy. You agree that you have been made aware that a workable electronic device and internet services is needed for your child/ children to complete their educational academics, while enrolled here at Heart to Heart Christian Academy. \*\*\*

\_\_\_ No, I decline the rental equipment offered above, and will seek to provide my child with their own electronic device equipment. **(It is the parent's responsibility to secure their own internet provider)**

\_\_\_ Yes, I will accept and agree to the rental agreement above and will assume all responsibilities if damages occur. **(It is the parent's responsibility to secure their own internet provider)**

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Non- Disclosure Agreement**

The parental or legal guardian(s) agree that in consideration and for the accessing of information disclosing, You will:

- 1. Keep all contact information up-to date, relating to your child/children attending Heart to Heart Christian Academy, not limiting to emails, any and all telephone numbers; so that you can be reached regarding day-to day school or emergency matters pertaining to you child/children.
- 2. You agree to **NOT** withhold your contact information private, wherein you cannot be reached.

By disclosing this information solely to Heart to Heart Christian Academy, we will **NOT** sell your information and will be kept under strict confidence. By signing this written/verbal agreement, you agree that All information has been accurately understood and expressed this day.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

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

Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT RELEASE FORM

### Parental Authorization for student pick-up

I authorize any one of the following persons listed below to pick-up my child(ren) from Heart to Heart Christian Academy upon dismissal of school or in the case of emergency.

I also authorize Heart to Heart Christian Academy personnel to contact any of these individuals in the event I have not arrived to retrieve my child within 10 minutes of the end of school. Additionally, I acknowledge that a fee of \$25.00 will be assessed the first 30 minutes and \$5.00 every additional 15 minutes my child is not picked up.

School hours are (8:20 am- 3:20 pm) Monday through Thursday and Friday's Only (8:30 am- 1:00 pm). Students are not to arrive prior to 7:45 am and should be picked up by 3:20 pm.

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

Name	Contact Number

Parent Signature

Date

**Emergency Medical Release**

**This Form must be NOTARIZED and returned to the school office.**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

I authorized employees of Heart-to-Heart Christian Academy to transport my child(ren) to the doctor or medical facility listed above. I also authorize the doctor and/or medical facility personnel listed above to provide the medical treatment necessary for my child(ren).

If I cannot be reached during an emergency, please call:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medication Administration Release

Student's Name \_\_\_\_\_

Parents: Carefully list all prescribed medications you authorize Heart to Heart to administer to your child(ren) during school hours.

All OTC(over the counter) medications should be turned in at the Front Desk with the child's name, direction of administering and the parent's signature.

#### Prescription Medicines

I authorize Heart to Heart Christian Academy administrators to administer the following medications to my child as directed below.

Medication	Dosage	How Often

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Medication and Allergy Form

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

**Parents: Carefully list all medications your child is taking and any allergies and/or food items allergic to.**

### **MEDICATIONS**

**The following is a list of all the medication my child is currently taking.**

Medication	Dosage	How Often	Used For

### **ALLERGIES**

Following is a list of all my child's allergies that I am aware of and I understand that allergic reactions can occur at any time and under any circumstance to include substances which my child has previously shown no signs of being allergic to. Therefore, I do not hold Heart to Heart Christian Academy responsible for any reaction to any substance listed below.

Medication/Substance/Food	Reaction (rash, hives, etc.)

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Parent Signature

Date

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Heart to Heart Principal/Administrator

Date

## CONSENT, WAIVER, AND RELEASE AGREEMENT FOR PARTICIPATION IN HEART TO HEART CHRISTIAN ACADEMY (H2H) ACTIVITIES AND EVENTS

Participant Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

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

Home

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

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

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Release:** In consideration of the benefits of participation in the activities of Heart to Heart Christian Academy (H2H), ("School"), a ministry of The New Life Church at Jacksonville ("Church"), a Florida non-profit corporation, I, for my minor child and myself, the heirs, personal representatives or assigns of my minor child and myself, consent to my child's participation in School Activities ( including but not limited to Field Trips, Events, Special Sessions, Sports, Games and Physical Education) as well as my child(ren) picture, name, grade and etc. to be displayed or used for social media networks for advertisement for Heart to Heart Christian Academy and further waive all claims or causes of action against School/Church, its agents, Board of Directors, trustees, employees and volunteers; arising out of my minor child's and my participation in School Activities and hereby release, hold harmless and discharge the School/Church from any and all liability, claims, demands, actions and causes of action whatsoever, including reasonable attorney fees, arising out of or related to any loss, damage or injury (whether direct, indirect, consequential or otherwise), including death, that my minor child and I might sustain or that any of my minor child's and my property might sustain while participating in any School Activities.

**Assumption of Risks:** Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my minor child's and my participation in School Activities. I understand and acknowledge that School Activities could result in injury and I agree that participation in all School Activities shall be at my minor child's and my sole risk. I acknowledge that I am responsible for payment of any/all medical costs and insurance costs.

**Acknowledge of Understanding:** I have read this Consent, Waiver, and Release Agreement and understand the terms used in it and their legal significance. This Consent, Waiver, and Release Agreement is freely and voluntarily given with the understanding that right to legal recourse against the School/Church is knowingly given up in return for allowing my minor child's and my participation in School Activities. I agree that this Consent, Waiver, and Release Agreement shall remain in effect and apply each time my minor child and I participate in any School Activities.

By signature below, I acknowledge and accept all terms and conditions of this Consent, Waiver, and Release Agreement. I am signing this Consent, Waiver, and Release Agreement on behalf of a minor, I certify that all representations are true and that I am the minor's legal guardian(s) or custodial parent(s) with full authority to bind the minor and myself to the terms and conditions of this Consent, Waiver, and Release Agreement.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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

## GENERAL SCHOOL POLICIES

### DRESS AND GROOMING:

A Christian's appearance should reflect the indwelling presence of Jesus Christ and not that of the world.

#### UNIFORM DRESS CODE REQUIREMENTS:

A Biblical dress code requires modest apparel, which is not suggestive of worldliness. Therefore, females genders must wear the approved skirts or pants. The skirts or pants should be of the appropriate size to be loose fitting and modest in appearance.

Students will abide by this dress code during all regular school hours as well as all school outings, activities, and events.

Under no circumstances, while on school property, will any students be permitted to wear spiked or unnaturally extreme colored hair such as: (red, purple, pink, blue, or green, etc.). We allow no body piercing other than a maximum of two earrings per ear, per student.

- All skirts must be below the knees.
- All shirts must not reveal the stomach area.
- No baggy pants, chain wallets and any obvious gang related clothing.
- Students must present a clean appearance and wear clean clothing each day.
- Students must wear underarm deodorant in order to prevent offensive body order.
- No hats are to be worn in the school building at anytime, such as: (doo-rags, scarf's, plastic caps etc.))
- No house slippers or flip flops permitted.
- No walking about the school in bare feet or in socks.
- Hair is to be groomed daily. The fixing and dressing of hair should be done in the restrooms. No combs are allowed to be worn in the hair at anytime during school hours.
- Uniform requirement for **females' genders are as following**: khaki pants, capris (loose fitting and below the knee), Dickies (tan, black, navy) and uniform shirts, khaki or jean skirts below the knee.
- Uniform requirement for **males' genders are as follow**: khaki pants, shorts to the knees, Dickies (tan, black, navy) and uniform shirts. All males must wear a belt. Shirts are to be tucked inside of pants.

FOR MORE DETAILS, PLEASE REFER TO THE STUDENT HANDBOOK.

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Student's Signature

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Parent's Signature

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Date

HEART TO HEART CHRISTIAN ACADEMY  
PARENT OBLIGATIONS

We at Heart to Heart (H2H) value your patronage to entrust your son/daughter with us to provide a quality education for them. We take every measure necessary to ensure that your son/daughter has the proper tools and instructional material to complete their goals. Therefore, we need your support in making sure that scholarship payments are endorsed promptly, so that we can continue in a flow of excellence providing for the needs for our students and staff.

Please sign below for your support in meeting your Obligations for this school year.

**ALL SCHOLARSHIP CHECKS, MCKAY AND STEP-UP MUST BE SIGNED BY THE 3<sup>RD</sup> DAY OF RECEIVING, OR UPON NOTIFICATION FROM THE SCHOOL, and WHICHEVER IS SOONER (i.e., if your scholarship check is received 1<sup>st</sup> September, you must sign it by the 3<sup>rd</sup> of September)**

**ANY SCHOLARSHIP CHECKS NOT SIGNED BY THE 3<sup>RD</sup> DAY OF RECEIPT WILL BE ACCESSED A \$7.00 FEE EACH DAY THEREAFTER.** (No records, report cards will be released until all fees have been paid for the school year)

ALL STUDENTS MUST HAVE ALL FEES PAID, INCLUDING TRANSPORTATION AND ACHIEVEMENT TESTING BEFORE ANY RECORDS ARE RELEASE FROM HEART TO HEART.

**ANY OUTSTANDING OBLIGATIONS, WHATSOEVER, WILL DELAY THE RELEASE OF RECORDS FROM HEART TO HEART FOR THE SCHOOL YEAR TO PARENTS OR THIRD PARTY. ALL FEES MUST BE PAID IN ORDER TO RELEASE RECORDS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Administrator Signature

\_\_\_\_\_  
Date

Dear Academy Patrons,

As an essential part of the enrollment process, the pledge written below must be completed. It serves as a protective legal hedge for the benefit of our families and the school. In the interest of being good stewards, we must make every attempt to insulate our school against costly lawsuits and/or other forms of avoidable disruption.

Please understand that we dearly value your patronage and ask that you realize our mission and purpose has not changed even though the climate around us has required that we be “wise as serpents” yet “harmless as doves”.

### **CONDITIONS OF ENROLLMENT AND PLEDGE OF COOPERATION**

1. I understand that it is a privilege, and not a right, for my child to attend Heart to Heart Christian Academy. I further understand that all students are accepted on a **probationary status**. I further understand that the school reserves the right to dismiss any student, who does not cooperate with any phase of the educational program and process, be it curricular, or whose attitudes and actions are not in harmony with the aims and ideals of Heart to Heart Christian Academy. I give H2H administration full discretion in the discipline of my child, including the issuing of demerits, referrals, detention, suspension (in-school/out), and expulsion from the school for conduct deemed by H2H to be improper, regardless of where the incident(s) giving rise to such discipline occurs.
2. In order to preserve the spiritual atmosphere nurtured at H2H, I understand that discipline will be more swiftly and rigorously enforced than in a public school environment or in some other private school. I further understand there may be times where I disagree with discipline imposed upon my child. I further understand that in the event of such disagreement, I am to request a conference with the principal and/or his or her designee(s) of the educational unit involved.
3. I understand that H2H, in the interest of nurturing its school atmosphere and spiritual goals, has a “Zero Tolerance” policy regarding possession and/or use of drugs on or off campus. If in the judgment of H2H’s administration, it is determined my child(ren) should be drug tested, I agree to have my child(ren) tested, at my own expense, by an appropriate medical provider approved by H2H to conduct such drug test. If I am unwilling to permit such a drug test, or to release the results of such test to H2H, I shall withdraw my child(ren) from H2H and thereby waive all rights to any recourse.
4. I understand and agree to the need for not random, but reasonably determined investigations of student activities which may involve and include searching my child’s or children’s belongings (books, or carrying bag, lunch box, purse, gym bag, etc.) and locker. In case of secondary students, I also give permission for any motor vehicle in my student’s possession to be searched for stolen or other improper items. I ask that H2H’s administration make a reasonable attempt

to contact me prior to such a search in order to allow me to be present. If I am not available by telephone after reasonable efforts to contact me have been made by H2H, I permit H2H's administration to search the vehicle.

5. I agree to fully cooperate with H2H's administration regarding all actions requested of me pertaining to my child's or children's enrollment at the school and in the enforcement of its rules and policies. I agree to uphold the aims and ideals of school and to encourage my child(ren) to likewise abide by the aims and ideals of the school.
  
6. I understand that my child's or children's continued enrollment at H2H is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child(ren) from H2H for any reason. I waive all rights to a refund of tuition and fees not yet having been paid.
7. I acknowledge receiving and reading a copy of H2H's handbook before execution of this application. I agree that my child's and children's enrollment at H2H is subject to all terms and conditions of the handbook which are fully incorporated herein by reference.

**PLEASE SIGN AND RETURN THIS PAGE. REGISTRATION CANNOT BE COMPLETED WITHOUT THIS FORM.**

**STUDENT NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
**PLEASE PRINT**

**STUDENT SIGNATURE (1<sup>st</sup> - 12<sup>TH</sup> GRADE)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**I have read, or reviewed with my parents, and understand and agree to abide by the provisions of the school handbook for my grade level.**

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- No. 7 above notes that I have read the student handbook and agree to the provisions governing my child(ren) included.

## VAN RULES

1. Student must be to their bus stop 5 to 10 minutes before their scheduled pick-up time.
2. Students are to remain seated, faced forward (in their assigned seats) at ALL times. (Girls on one side and Boys on the other) Unless the student is redirected by the Bus Driver and/or Attendant.
3. Students are to keep noise to a minimum level for the safety and protection of ALL students. The driver must be able to hear inside and outside the surrounding area.
4. Students, NO yelling from back to front and/or front to back of bus.
5. No profanity! This disrespectful behavior will result in immediate suspension of bus service.
6. Students are to keep their hands to themselves. Touching one another in any form is not permitted and WILL NOT be tolerated. Again, Immediate suspension of bus service.
7. Students will not instruct the Driver (what they will or will not do). The Driver and /or Attendant are in control at ALL times.
8. The Bus Aisle's must be clear at ALL times. (Book bags, feet, arms, etc.)
9. Students are to keep hands and/or arms inside the bus at ALL TIMES.
10. Do not throw any objects off the bus or out the windows of the bus.
11. Students must enter and exit the bus in an orderly manner. There's never any running or horse playing on the bus.
- 12. NO LITTERING AT ANYTIME. NO EATING FOOD/DRINKING ON THE BUS.**

Rules and Discipline is necessary for the protection and safety of your children as well as the Driver and Attendant. We must work together to implement these rules now before it's too late.

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Parent Signature

Date

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Student Signature

Date

**AUTHORIZATION RELEASE**  
Request for School Records

To: School Principal or Authorized Administrator

I authorize your school to release the indicated school records for the student(s) listed below who are now enrolled at Heart to Heart Christian Academy. Please forward the records of my child(ren) to the

<p>1. _____ Cumulative Records _____ Health Records _____ Student Name</p> <p>Birth Date: _____ Psychological Records _____ ESE Records _____ Behavior (Detention/Suspension/Expulsion) _____</p>
<p>2. _____ Cumulative Records _____ Health Records _____ Student Name</p> <p>Birth Date: _____ Psychological Records _____ ESE Records _____ Behavior (Detention/Suspension/Expulsion) _____</p>
<p>3. _____ Cumulative Records _____ Health Records _____ Student Name</p> <p>Birth Date: _____ Psychological Records _____ ESE Records _____ Behavior (Detention/Suspension/Expulsion) _____</p>

address below.

ACCEPTING SCHOOL: Heart to Heart Christian Academy  
The New Life Temple Church at Jacksonville  
8247 Ramona Blvd. West  
Jacksonville, FL 32221

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

Last School Attended \_\_\_\_\_

Principal/ Authorized Administrator \_\_\_\_\_ Date Records Sent \_\_\_\_\_



# Behavior Contract

I, \_\_\_\_\_

Student's Signature

AGREE TO STAY IN GOOD ACADEMIC STANDING AT HEART TO HEART CHRISTIAN ACADEMY  
AND WILL OBEY ALL OF THE RULES AND REGULATIONS OF HEART TO HEART ACADEMY.

I UNDERSTAND THAT I WILL BE EXPELLED AFTER THREE INFRACTIONS OF THIS AGREEMENT. THE  
INFRACTIONS INCLUDE,

1. BEING SENT TO THE OFFICE FOR BEHAVIOR PROBLEMS.
2. BEING DISRESPECTFUL TO THE CLASSROOM TEACHER OR ANY TEACHER OR  
ADMINISTRATOR.
3. ANY OTHER TYPES OF BEHAVIOR THAT DO NOT COMPLY WITH HEART TO HEART RULES  
AND POLICIES.

DATE OF INFRACTION 1: \_\_\_\_\_

INFRACTION: \_\_\_\_\_

\_\_\_\_\_

DATE OF INFRACTION 2: \_\_\_\_\_

INFRACTION: \_\_\_\_\_

\_\_\_\_\_

DATE OF INFRACTION 3: \_\_\_\_\_

INFRACTION: \_\_\_\_\_

\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THIS BEHAVIOR CONTRACT**

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

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

# Student Data Collection Form

Dear Parent or Guardian:

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government has adopted new standards for collecting and maintaining ethnicity and race data that will allow individuals to more accurately report their origins. As a result of this, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group and by one or more racial groups.

Please answer all questions below by checking "Yes or No" for each of your children.

Question	Yes	No
<b>ETHNICITY</b>		
1. Is the student of Hispanic/Latino origin?		
<b>RACE</b>		
2. Is the student American Indian or Alaska Native?		
3. Is the student Asian?		
4. Is the student Black or African American?		
5. Is the student Native Hawaiian or Other Pacific islander?		
6. Is the student White?		

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School District Where Private School is Located \_\_\_\_\_

Name of Private School \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO: ALL PARENTS OF THE STUDENTS ATTENDING HEART TO HEART CHRISTIAN ACADEMY**

**FROM: THE ADMINISTRATION**

**SUBJECT: ENFORCEMENT OF RULES AND POLICIES**

Dear Parents:

Please understand that we value your patronage and ask that you realize our mission and purpose here at Heart to Heart Christian Academy.

As outlined in the Condition of Enrollment and Pledge of Cooperation that was signed by each parent at the time of registration, there is a **(ZERO-TOLERANCE)** policy regarding certain rules and violations. In order to preserve the spiritual atmosphere nurtured at Heart To heart, please understand that discipline will be more swiftly and rigorously enforced than in a public-school environment, and in some other private schools. Please also understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational program and process, be it curricular or extra-curricular, or whose attitudes and actions are not in harmony with the aims and ideals of Heart to Heart Christian Academy.

We thank you for your decision to make Heart to Heart Christian Academy the choice for your child/children's educational needs and advancement. We are committed to making a full effort in giving each student the best education and the help they need to reach their highest potential.

Please feel free to contact us here at the school during normal business hours. Our hours of operation are 8:00 a.m. to 4:00 p.m., Monday- Friday. Our contact number is (904) 783-8638.

Sincerely,

Dr. Juanita White  
Director/Administrator  
Heart to Heart Christian Academy



**TITLE I**  
**DUVAL COUNTY PUBLIC SCHOOLS**  
**2022 – 2023**

*Heart to Heart Christian Academy is trying to qualify for extra services for our students. Please help by following the directions below to complete this form and return it to the school. All information is kept confidential and is only used to determine funding for the entire school, not individual students.*

### Income Determination Form For Non-Public Schools

Your family's street address: \_\_\_\_\_ zip code \_\_\_\_\_

Grade levels of all children living in your household and attending this school between Kindergarten-8<sup>th</sup> grade.

Using the chart below locate your family size (total number of people in your family, not just children) and the minimum income earned each month. Then answer the three questions below.

1. Is your monthly income equal to or less than the amount listed? \_\_\_\_ yes \_\_\_\_ no  
(please check one)
2. Does your family qualify for food stamps? \_\_\_\_ yes \_\_\_\_ no (please check one)
3. Are you receiving Temporary Assistance to Needy Families (TANF)? \_\_\_\_ yes \_\_\_\_ no  
(please check one)

(Formerly aid to Families with Dependent Children or Public Assistance)

Family Size	Income Earned Each Month
1	\$ 1,722
2	\$ 2,392
3	\$ 3,011
4	\$ 3,631
5	\$ 4,251
6	\$ 4,871
7	\$ 5, 490
8	\$ 6,110
For each additional family member, add \$ 620	

Income

Eligibility Guidelines, U.S. Department of Agriculture

Please return this form to the front desk of Heart to Heart Christian Academy.

Thank you for your assistance.



# HEART TO HEART CHRISTIAN ACADEMY

K4 through 12th Grade

## REFERENCE - DISCIPLINE

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT INSTRUCTIONS:** COMPLETE THE ABOVE INFORMATION ENTIRELY. Please give this form to the front office of the new school. (By doing so, you understand that the information requested is confidential and that you waive the right to read this reference.)

**ADMINISTRATIVE OFFICIAL:** This student is seeking admission to: Heart to Heart Christian Academy. The student may NOT be admitted until this confidential information has been received. When you have completed the form, please fax it directly to the Registrar Office at: (904) 224-1183. Please do NOT return this form to the parent.

QUALITY	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
Responsibility/ Reliability						
Personal & Moral Integrity						
Respect for Authority						
Honesty						
Attitude						
Cooperation						
Leadership						
Emotional Stability						
Orderliness						
Initiative						
Appearance/ Cleanliness						

Do you know of any specific discipline problem the student has?

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Would you accept the applicant's as a returning student in your school next year Yes or No

Why? \_\_\_\_\_

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In what capacity have you known the student?

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Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

School: \_\_\_\_\_

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

**RETURN THIS FORM TO:**

**HEART TO HEART CHRISTIAN ACADEMY**

**K4 THROUGH 12<sup>TH</sup> GRADE.**

**8247 RAMONA BLVD, WEST.**

**JACKSONVILLE FL, 32221**

**PHONE: (904) 783-838/8631, Ext 210**

**FAX: (904) 224-1183**

**Email: [h2hschoolofficestaff@gmail.com](mailto:h2hschoolofficestaff@gmail.com)**

**For more information, please visit: [www.h2hacademy.com](http://www.h2hacademy.com)**





## Educational Services Program TITLE I – PARENT CONSENT

DATE: \_\_\_\_\_

School District: Duval County School Year: 2022-2023

Student: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Principal: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Reason for Referral: Reading \_\_\_\_\_ Math \_\_\_\_\_**

To Parents:

Your child is eligible to receive Title I services in the area(s) checked above from the sending school district. These services will be provided by a Third Party Contractor and will be paid for by the sending school district using Federal Title I, Part A grant funds.

In order to assess your child's needs, an evaluation will be provided. This may include a review of standardized test scores, informal testing and interviews with school personnel to assure your child receives the appropriate educational program. Student progress reports will be made available to you and your child's teachers during the school year. Your feedback is also welcomed.

At the end of the year, your child may be tested again on a standardized test to assess his/her progress. This test may be administered to your child even if he/she is no longer receiving services via the Third Party Contractor at the time of testing.

**Before these services can begin, we must have your consent. This may be given by signing in the space below.**

**I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I LEARNING.**

Signature of Parent or Guardian

Date

Please Print Parent or Guardian Name

Address:

Number

Street

City

State

Zip Code

**I DO NOT GIVE MY PERMISSION FOR MY CHILD TO RECEIVE TITLE I LEARNING.**

Signature of Parent or Guardian

Date

**PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASSROOM TEACHER**

# Duval County Public Schools – Title I Private Schools Program

## Referral for School Year 2022-2023

Private School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Grade in 2022-2023 school year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ American Indian ☐ Multiracial

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

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

Public School Attendance Area: \_\_\_\_\_

Please choose the subject areas being requested for grades K-12

☒ Reading & Math

☐ Reading Only

☐ Math Only

### Reading Skills

- ☐ Reads Poorly
- ☐ Does not recognize high frequency words
- ☐ Seldom self-corrects
- ☐ Cannot sustain reading behaviors alone
- ☐ Does not use meaning of story to predict
- ☐ Does not recognize phonemic blends
- ☐ Trouble recalling/summarizing text
- ☐ Below average comprehension

### Math Skills

- ☐ Does not know basic math facts
- ☐ Has difficulty with number relationships
- ☐ Difficulty naming geometric shapes
- ☐ Does not understand fractional values
- ☐ Cannot count by 2's, 4's, and 10's to 100
- ☐ Cannot tell time on a standard clock
- ☐ Does not recognize patterns
- ☐ Cannot identify operation for word problems

### Academic Skills

- ☐ Has difficulty following simple directions
- ☐ Has poor reasoning abilities
- ☐ Cannot work independently
- ☐ Has poor retention skills
- ☐ Little or no listening comprehension skills
- ☐ Poor organizational skills
- ☐ Poor time management skills
- ☐ Does not ask for assistance

Current Student Record Data *Check all that apply.*

- ☐ Repeating current grade ☐ Non-retained but overage
- ☐ Unsatisfactory progress report card ☐ Difficulty maintaining grade-level progress

### Math Grades 9-12

- Standardized test name AND score expressed in percentile or grade equivalence.
- Must complete one additional criterion:
  - ☐ Below grade-level - indicate grade level \_\_\_\_\_
  - ☐ Report grade D or F only

Teacher observations:

Other:

### Reading Grades 9-12

- Standardized test name AND score expressed in percentile or grade equivalence.
- Must complete one additional criterion:
  - ☐ Below grade-level - indicate grade level \_\_\_\_\_
  - ☐ Report grade D or F only

Teacher observations:

Other:

### For Office Use Only:

DCPS Student ID: \_\_\_\_\_ New: ☐ Focus Enrollment: \_\_\_\_\_

- ☐ Reading Attendance Area: \_\_\_\_\_ Approved by: \_\_\_\_\_ Entered on Enrollment EXCEL:
- ☐ Math Title I Decision: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Approved ☐ Ineligible



GRADE LEVEL	K4-K5		1ST-2ND		3RD-5TH	
REGISTRATION FEE	\$ 400.00		\$ 400.00		\$ 400.00	
TESTING FEE	N/A		\$ 60.00		\$ 60.00	
CURRICULUM FEE	\$ 350.00		\$ 400.00		\$ 400.00	
TECHNOLOGY FEE (3RD-12TH)			N/A		\$ 200.00	
TUITION	\$ 5,200.00		\$ 5,700.00		\$ 5,800.00	
TRANSPORTATION	\$ 2,000.00		\$ 2,000.00		\$ 2,000.00	
UNIFORMS	\$ 100.00		\$ 125.00		\$ 125.00	
TOTAL	\$8,050.00		\$ 8,685.00		\$ 8,985.00	
TOTAL OF FEES ABOVE						
OPTIONAL SERVICES						
EQUIPMENT RENTAL FEE	\$ 50.00		\$ 50.00		\$ 50.00	
(NON-REFUNDABLE)						
RESOURCE FEE	N/A		\$ 7,000.00		\$ 8,000.00	
ADDITIONAL AIDE						
SUMMER SCHOOL						
1 COURSE	N/A		\$ 200.00		\$ 300.00	
2COURSES	N/A		\$ 400.00		\$ 600.00	
TUTORING (HOURLY)	N/A		\$ 60.00		\$ 60.00	

6th-8th	9th-12th
\$ 400.00	\$ 400.00
\$ 60.00	\$ 60.00
\$ 400.00	\$ 400.00
\$ 200.00	\$ 200.00
\$ 6,700.00	\$ 7,900.00
\$ 2,000.00	\$ 2,000.00
\$ 125.00	\$ 125.00
\$ 9,885.00	\$ 11,085.00
\$ 50.00	\$ 50.00
\$ 8,500.00	\$ 9,000.00
\$ 400.00	\$ 500.00
\$ 800.00	\$ 1,000.00
\$ 60.00	\$ 60.00

# HEART TO HEART CHRISTIAN ACADEMY

2022-2023

## SCHOOL CALENDAR

**"EARLY DISMISSAL ON FRIDAYS @ 1:00PM"**

(Notification and updates will be given for any changes to the calendar)

MONDAY	AUGUST 1 <sup>ST</sup>	ADMINISTRATION REPORTS
MONDAY	AUGUST 15 <sup>th</sup>	TEACHERS REPORT TO SCHOOL
THURSDAY	AUGUST 19 <sup>th</sup> @ 6:30 P.M.	SCHOOL ORIENTATION – ALL GRADES
MONDAY	AUGUST 22 <sup>nd</sup>	1 <sup>ST</sup> DAY OF SCHOOL FOR STUDENTS
MONDAY	SEPTEMBER 5 <sup>TH</sup>	LABOR DAY/SCHOOL CLOSED
MONDAY	OCTOBER 17 <sup>th</sup>	TEACHERS PLANNING/NO SCHOOL FOR STUDENTS
THURSDAY	OCTOBER 20 <sup>th</sup>	OPEN HOUSE @ 6:30PM
FRIDAY	NOVEMBER 11 <sup>TH</sup>	VETERAN'S DAY/SCHOOL CLOSED
WEDNESDAY – FRIDAY	NOVEMBER 23-25 <sup>TH</sup>	THANKSGIVING/SCHOOL CLOSED
FRIDAY - FRIDAY	DECEMBER 16 <sup>TH</sup> -30 <sup>TH</sup>	CHRISTMAS BREAK/SCHOOL CLOSED
MONDAY	JANUARY 2 <sup>ND</sup>	SCHOOL CLOSED
TUESDAY	JANUARY 3 <sup>RD</sup>	TEACHER PLANNING/NO SCHOOL FOR STUDENTS
WEDNESDAY	JANUARY 4 <sup>TH</sup>	STUDENTS AND TEACHERS RETURN TO SCHOOL
MONDAY	JANUARY 16 <sup>TH</sup>	SCHOOL CLOSED/MARTIN LUTHER KING HOLIDAY
MONDAY	FEBRUARY 20 <sup>TH</sup>	PRESIDENT'S DAY/SCHOOL CLOSED
FRIDAY	MARCH 10 <sup>TH</sup>	TEACHER PLANNING/NO SCHOOL FOR STUDENTS
MONDAY - FRIDAY	MARCH 13 <sup>TH</sup> -17 <sup>TH</sup>	SPRING BREAK/SCHOOL CLOSED
MONDAY	MARCH 20 <sup>TH</sup>	SPRING BREAK/SCHOOL CLOSED
TUESDAY	MARCH 21 <sup>ST</sup>	TEACHERS AND STUDENTS RETURN TO SCHOOL
FRIDAY	APRIL 7 <sup>TH</sup>	SCHOOL CLOSED/GOOD FRIDAY HOLIDAY
MONDAY	APRIL 10 <sup>TH</sup>	SCHOOL CLOSED
TUESDAY	APRIL 11 <sup>TH</sup>	TEACHERS AND STUDENTS RETURN TO SCHOOL
MONDAY	MAY 29 <sup>TH</sup>	SCHOOL CLOSED
TUESDAY	MAY 30 <sup>TH</sup>	TEACHERS AND STUDENTS RETURN TO SCHOOL
WEDNESDAY	MAY 31 <sup>ST</sup>	LAST DAY OF SCHOOL FOR STUDENTS
THURSDAY	JUNE 1 <sup>ST</sup>	TEACHERS RETURN TO SCHOOL
FRIDAY	JUNE 2 <sup>ND</sup>	LAST DAY OF SCHOOL FOR TEACHERS
THURSDAY	JUNE 29 <sup>TH</sup>	LAST DAY FOR ADMINISTRATION

### First Semester

1<sup>st</sup> Quarter: 8/22/2022 – 10/11/2022

2<sup>nd</sup> Quarter: 10/12/2022– 12/16/2022

### Second Semester

3<sup>rd</sup> Quarter: 1/04/2023– 3/10/2023

4<sup>th</sup> Quarter: 3/21/2023 – 5/31/2023