



3110 SE Aster Ln
Stuart, FL 34994
(772) 924-1070

New Student Trial Forms

Dear Parent,

We are excited to offer your student a trial in the classroom for 3 full days at no charge. This time will be used to assess whether your student is a good fit for the school.

Please completely fill out the New Student Questionnaire and Trial Form including Emergency Contact Information before the trial begins.

At the end of the trial we will have a meeting with the teacher, parent and the Director or Assistant Director. At that time, if your student is approved, you will need to complete our registration requirements including obtaining records from their previous school.

Thank you,

Krista Cromwell
Director

For The Love of Learning

3-DAY TRIAL INFORMATION

STUDENT NAME _____

PARENT NAME _____

PARENT PHONE NUMBER _____

ADDITIONAL NAME AND NUMBER FOR EMERGENCIES

TEACHER _____

BEGINNING DATE _____

ENDING DATE _____

REVIEW MEETING DATE _____

TEACHER NOTES

REQUIREMENTS/ACCOMMODATIONS REQUIRED FOR ADMISSION

APPROVED YES NO

STUDENT ON PROBATION YES NO

IF YES, FOR HOW LONG? _____

APPROVED BY _____

For The Love Of Learning New Student Questionnaire

Student Name: _____

Parent Name: _____

Grade: _____

Has student ever failed a grade?	Yes	No
Does student have a learning disability or need tutoring or special education?	Yes	No
Has student had any academic or social problems at school?	Yes	No
Does the student have any health problems or physical limitations?	Yes	No
Is the student on any medication?	Yes	No
Has the student ever been suspended or expelled from a school?	Yes	No
Does student have any diagnosed or undiagnosed disorders?	Yes	No

If yes, please elaborate:

List previous schools attended:

Please attach/provide an IEP or other education plan.

I/We hereby certify that the above answers are true and complete. I realize that failure to disclose pertinent information may result in my child being asked to withdraw from school.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

WAIVER

***This Waiver is due with Registration Form, no exceptions* ONE WAIVER PER STUDENT**

Student Name: _____ Date: _____

Special Needs:

Please list any food allergies, serious injuries, diseases, operations and any restrictions on physical activity (If none, please put none):

Photographs/Video: For The Love Of Learning (F.T.L.O.L.) is hereby granted permission to take photographs or video of the student to use in brochures, web sites, posters, advertisements, and other promotional materials F.T.L.O.L. creates. Permission is hereby granted for F.T.L.O.L. to copyright such photographs in its name.

Liabilities: Parents and/or legal guardians or minor students and adult students waive the right to any legal action for any injury sustained while participating in co-op classes, private school classes, field trips or events with For The Love Of Learning/Stuart Congregational Church or while on the property resulting from normal activity or any other activity conducted by the students before, during, or after school.

Medical Treatment: In connection with any injury my child(ren) may sustain or illness or other medical conditions my child(ren) may experience during his and/or her participation in attendance at the For The Love Of Learning, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's behalf. In the event that I cannot be contacted of an emergency, I further hereby grant For The Love Of Learning permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. Any medical treatment cost is the responsibility of the parent. I further authorize the attending medical personnel to execute on my child(ren)'s behalf any permission forms, consents or other appropriate documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that For The Love Of Learning will notify me if my child(ren) becomes ill during school hours, and I will arrange to have my child(ren) picked up immediately from the school.

Education: The parent is responsible for the education of their child and making sure the child is completing all homework and will provide any additional homework the parent deems fit if the student doesn't attend F.T.L.O.L. full-time. Parents are responsible for testing and associated costs, and turning in attendance for days the children do not attend F.T.L.O.L. Since our school is based on each students' ability, not all students are placed in their age appropriate grade, instead, children are evaluated and placed based on their ability in each subject. Parents whose children attend F.T.L.O.L. understand that if the child is placed into another school, they may not be in the grade level for each subject that they should be based on their age.

Personal Property: Anything lost/stolen is not the responsibility of For The Love Of Learning.

Parent/Guardian Name: _____

Parent/Guardian Signature (required): _____ Date: _____