



Thank you for choosing The Lindsay School of the Arts. Please see the items below that are needed prior to Student Starting School

Student _____ Grade _____

____ New Student Application (Online) or Renewal Application

____ Student Information Sheet

____ School Health Entry Exam Form

____ Medical Treatment & Transportation Form

____ Copy of Birth Certificate

____ Copy of Immunization Record or State-recognized exemption form

____ Records Release Form

____ Code of Conduct/ Parent/School Agreement

____ First Tuition Payment or Scholarship Award ID

____ \$35 Collard Shirt Fee Due Aug 1st

____ Allergies, Medication, & Fun Facts Forms

____ ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM (Optional Form)

School Year: _____



Student Information Sheet

Student Name: _____

Grade Enrolled in 2026/2027: _____

School Attended Last Year: _____ County: _____

Birthday _____ (Please Include Year) Age _____

Parent or Guardian _____ Relationship: _____

Best Contact Phone Phone: _____

Parent or Guardian _____ Relationship: _____

Best Contact Phone Phone: _____

Parent or Guardian E-mail: _____

Home Address _____

City _____ State _____ Zip Code _____

Clubs Interested in: _____

Emergency Contact or Any Persons who may be picking up/dropping off student:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____



THE LINDSAY SCHOOL OF THE ARTS

Florida-Compliant Vehicle Emergency Medical & Transportation Authorization Form

Student Information

- Full Name: _____
- Date of Birth (MM/DD/YYYY): _____
- Address: _____
- Primary Phone: _____

Medical Information

- Known Allergies: _____
- Current Medications: _____
- Blood Type: _____
- Special Needs / Medical Conditions: _____

Parent/Guardian Information

Parent/Guardian 1:

- Name: _____
Employer: _____ Work Phone: _____

Parent/Guardian 2:

- Name: _____
Employer: _____ Work Phone: _____

Emergency Contact (If Parents/Guardians Cannot Be Reached)

• Name: _____

Employer: _____ Work Phone: _____

Child's Physician

Name: _____ Phone: _____

Preferred Medical Facility

Lawnwood Regional Medical Center
1700 S 23rd Street, Fort Pierce, FL 34950
Phone: (772) 461-4000

Transportation Authorization

I authorize my child, _____, to be transported by LSA staff or approved volunteers for school-related activities.

Emergency Medical Treatment Authorization

I authorize LSA staff or volunteers to provide emergency medical treatment and/or transport my child if I cannot be reached.
 I understand I am responsible for all medical expenses incurred.

Liability Release

I release The Lindsay School of the Arts, its staff, and volunteers from liability for injury or illness except in cases of gross negligence or willful misconduct, pursuant to Florida Statutes §768.28.

•

Parent/Guardian Consent

Parent/Guardian Name: _____

Signature: _____ Date: _____



THE LINDSAY SCHOOL OF THE ARTS

Authorization for Release of Records

Purpose:

As a parent, guardian, or eligible student, you have the right to give or withhold permission for the release of your child's education records to other persons or agencies. This authorization provides you the opportunity to approve or deny such a request, except in cases where disclosure is allowed under **FERPA (Family Educational Rights and Privacy Act)** regulations—for example, transfer of records between school districts.

Student Information

- **Student Name:** _____
- **Date of Birth:** _____

Records to be Released

- **From (Agency/Person):** _____
Street Address: _____
City, State, Zip: _____
Email: _____
Phone: _____
- **To (Agency/Person):** The Lindsay School of the Arts Inc
Address: 1717 Orange Ave Unit 4225, Fort Pierce, FL 34950
Email: Admin@thelindsayschoolofthearts.com
Phone: 772-342-8651
- **School District (if applicable):** _____
- **Records to be Disclosed (check or describe):**
 - Academic Records (Report Cards, Progress Reports, and Transcripts)
 - Attendance Records
 - Health/Medical Records
 - Standardized Test Scores
 - Other: _____
- **Reason for Disclosure:** _____

Authorization Period

This authorization is valid from: _____ to _____

Note: For release of medical records, this authorization is valid for a maximum of **90 days** from the date signed.

Privacy Notice

I understand that:

1. Information obtained will be treated as confidential under **FERPA**.
2. FERPA prohibits disclosure of personally identifiable information without consent, except as permitted by law.
3. If this request includes medical or health information, the information provided to the district is protected under FERPA and **not HIPAA**.

Voluntary Consent & Withdrawal

I understand that:

- Providing consent is **voluntary**.
- I may **withdraw consent in writing** at any time.
- Withdrawal of consent does **not apply to records already released** under prior authorization.

Signature

- **Parent/Guardian/Adult Student Name:** _____
- **Signature:** _____
- **Date:** _____



Parent/School Agreement

I, the parent or legal guardian of _____, acknowledge that I have received and reviewed **The Lindsay School of the Arts (LSA) Student Handbook** and agree to support the practices, policies, and mission of the school.

1. Partnership Commitment

I understand and value the partnership between the school, home, and community. I pledge to meet my financial obligations to the school and/or ensure the timely release of any scholarship funds. I acknowledge that failure to make proper arrangements for a past-due account may result in the withdrawal of my student from the school.

For families using the **Step Up for Students (SUFS) Scholarship Program**, parents or guardians are responsible for **approving enrollment and invoices within 2–3 business days** in the SUFS Portal EMA. Failure to do so in the required timeframe may affect the student's enrollment status or scholarship disbursement.

2. Participation and Engagement

I commit to attending all required parent trainings, student showcases, workshops, and parent/teacher conferences as requested by LSA to support my student's academic and artistic development.

3. Permission for Activities

I give permission for my student to participate in all school activities, including but not limited to sports, physical education, and school-sponsored field trips. I release **The Lindsay School of the Arts, its staff, and volunteers** from liability for any injury or harm that may occur during school activities or while on school property.

4. Academic and Artistic Support

I agree to support LSA's high academic and artistic standards by:

- Providing a suitable environment at home for study and practice.
- Encouraging my student to complete all homework, projects, and assignments on time.
- Reinforcing positive study habits, attendance, and school expectations.

5. Behavioral Standards and Discipline

I understand and agree to support all school regulations on behalf of my student. I authorize LSA to employ disciplinary measures, as outlined in the student handbook, as deemed appropriate by the administration for the growth and training of my student.

6. Probationary Period

All students are subject to a **9-week probationary period** at the beginning of enrollment. This period ensures that each student has the opportunity to adjust, thrive, and fully engage in the academic and artistic programs offered. Students may be asked to leave if they are **not meeting the academic, behavioral, or artistic requirements** expected of an art student. This policy is designed to help students quickly find the best educational environment suited to their needs.

7. Dismissal Policy

I understand that the school reserves the right to dismiss any student who fails to comply with established rules, does not meet program expectations, or whose financial obligations remain unpaid, at the discretion of the school administration.

8. Media and Publicity Consent

I give permission for my student's photograph, video recordings, and first name to be used for school publicity, training materials, promotional purposes, and educational programs by LSA.

9. Agreement Acknowledgment

I have read, understand, and agree to abide by the policies, regulations, and expectations outlined in this agreement, including the probationary period, and in the student handbook.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



THE LINDSAY SCHOOL OF THE ARTS

Student Code of Professional Conduct

Purpose

The Lindsay School of the Arts (LSA) expects all students to maintain high standards of professional, academic, and artistic conduct. Adherence to this Code, along with good academic standing, is required to remain in **good standing** at the School.

LSA values **dignity, individuality, creative expression, and freedom** of all community members. We strive to foster a collaborative environment where students learn from one another, respect diversity, and take full advantage of educational and artistic opportunities.

All students are expected to conduct themselves with **honesty, integrity, and respect**, contributing to a safe, inclusive, and professional community.

Key Principles of Conduct

1. Professional Behavior

- Commit to excellence in academic, artistic, and community endeavors.
- Communicate respectfully, avoiding intimidation, harassment, or discrimination.
- Support a culture of collaboration and professionalism.

2. Integrity

- Maintain honesty in academic and artistic work.
- Take personal responsibility for assignments, projects, and conduct.
- Academic or artistic dishonesty will not be tolerated.

3. Respect for Rights and Dignity

- Respect the rights, privileges, and sensibilities of all community members.
- Avoid behaviors that create a hostile, intimidating, or threatening environment.

- **LSA has a zero-tolerance policy for bullying of any kind.** Students are expected to treat one another with care, understanding, and respect, recognizing the vulnerability inherent in artistic expression and creative work. Any form of bullying—including verbal, physical, emotional, or cyberbullying—is strictly prohibited and will result in disciplinary action.
- Observe free speech and assembly rights responsibly.

4. Respect for Diversity

- Promote full inclusion regardless of **race, creed, color, sex, gender identity or expression, age, national origin, religion, disability, veteran status, sexual orientation, socio-economic background, or other protected characteristics.**
- Discrimination or harassment is prohibited and will be promptly addressed.

5. Creative Sensitivity

- Engage respectfully with sensitive artistic and academic content.
- Work through conflicts with open communication while honoring the dignity of all involved.

6. Appropriate Sexual Conduct

- Sexual misconduct, harassment, assault, stalking, intimate partner violence, or offensive sexual language is strictly prohibited.
- LSA complies with **Florida Department of Children and Families (DCF) reporting requirements** for sexual misconduct and abuse, as well as Florida private school regulations.

7. Appropriate Use of Electronic Media

- Use social media and electronic devices responsibly, especially when representing LSA.
- Follow instructor or director guidelines regarding device use in class, rehearsal, or performance.
- Do not post content that violates professional, academic, or artistic standards.

Accountability and Enforcement

- Allegations of misconduct, including bullying, will be taken seriously and addressed promptly.
- Students are entitled to a **fair, timely, and transparent review** of any disciplinary matter.

- LSA provides training and orientation to ensure all students understand expected behaviors and professional standards.

Observance of Policies

- This Code does not cover all situations; other conduct may still constitute a violation of good standing.
- Students must comply with all LSA policies, local, state, and federal laws, including **Florida DCF regulations** and private school requirements.
- Violations of law or policy may result in disciplinary action, up to and including **dismissal from the School.**

Acknowledgment and Signatures

By signing below, I acknowledge that I have read, understand, and agree to follow the **LSA Student Code of Professional Conduct**, including the zero-tolerance bullying policy. I understand that compliance with this Code is required to remain in good standing at LSA.

Student Name (Printed): _____

Student Signature: _____

Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



ORDER FORM

STUDENT NAME:

DATE:

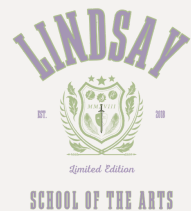
PHONE:

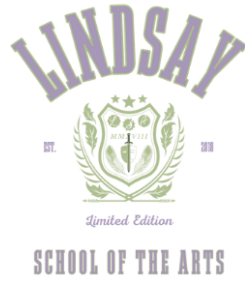
ITEM	QTY	PRICE	SIZE
LSA COLLARD SHIRT		\$30	
LSA T- SHIRT		\$18	
LSA ART SMOCK		\$35	
LSA HOODIE		\$30	
LSA GYM UNIFMROM		\$30	
LSA SWEAT PANTS		\$22	

NOTES _____ _____ _____	SUBTOTAL
	TAX
	GRAND TOTAL



CREATE
MOTIVATE





Business

PROFESSIONAL

EVERY MONDAY

LSA COLLARD SHIRT

MANDATORY



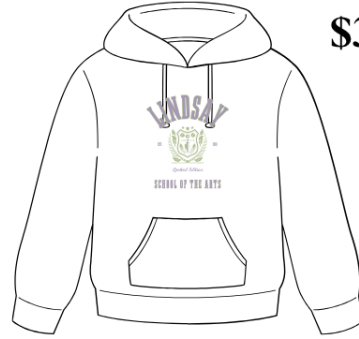
COUNTS FOR A GRADE!!!

PROFESSIONAL MEETINGS, GUESTS, & INTERVIEWS
WILL BE SCHEDULED ON THIS DAY!

Gym Uniform
\$30



Hoodie
\$30



T-Shirt
\$18



Art Smock
\$35



Sweatpants
\$22



Sweatshirt
\$25



Collard Shirt
\$30



26/27
School Merch



THE LINDSAY SCHOOL OF THE ARTS HANDBOOK (LSA)

STUDENT & FAMILY HANDBOOK **Effective July 2026**

A copy must be signed and kept on file.

1. SAFETY & SECURITY (UPDATED TO FULL COMPLIANCE)

The Lindsay School of the Arts (LSA) is committed to maintaining a safe, secure, and nurturing environment is the highest priority at The Lindsay School of the Arts (LSA). All students have the right to attend school and participate in school functions free of fear, harassment, or harm. All school policies and procedures support this principle, and all students are expected to follow them. LSA follows all applicable Florida Statutes, including but not limited to:

- **F.S. 1006.07** – Safety and security of school premises
- **F.S. 1006.147** – Anti-Bullying and Harassment (Jeffrey Johnston Act)
- **F.S. 1001.41, 1003.32** – Authority of school personnel
- **F.S. 1003.31–1003.32** – Student control, discipline, and reasonable force
- **F.S. 1002.42** – Private school requirements

LSA implements:

- Controlled single-entry access
- Visitor sign-in system
- Mandatory ID badges/passes for students, staff, and parents
- Supervision of all common areas
- Emergency drills (fire, active threat, evacuation, severe weather)
- Staff training in emergency procedures, threat assessment, and reporting

- Zero-tolerance for threats, weapons, violence, or harassment
- Enforcement of the code of conduct and discipline

No student may open exterior doors or admit visitors under any circumstances.

2. DRESS CODE (Students & Staff)

To ensure safety and professionalism:

Required

- Closed-toe shoes at all times
- Pants worn at the waist
- Required attire for movement classes (provided by instructor)

Not Permitted

- Shorts without tights underneath
- Midriff-bearing or belly shirts
- Spaghetti strap tops
- Shoes removed during school hours
- Dance shoes outside of dance studios
- Shoes worn inside dance studios
- No pajamas at any time

3. INJURY POLICY

LSA does **not** carry medical insurance for students. All students must be covered under a family medical insurance policy. If injury occurs, the family's policy is the only source of reimbursement. Required: **Liability waivers must be signed for school attendance.**

- All families must sign the LSA Liability Waiver.
- If an injury occurs, the family's insurance is the sole source of reimbursement.

4. ATTENDANCE POLICY (Fully aligned to DOE standards)

4.1 Florida Law

Under Florida Statute 1003.21 and 1003.24, a “habitual truant” is a student with:

- **15 or more unexcused absences within 90 days**, regardless of parent knowledge or consent. Student will not pass the semester. Regular attendance is required to ensure academic progress and prevent truancy, court involvement, or loss of driving privileges (for age-eligible students).

Students are marked **absent** when they miss **30% or more of the school day**.

4.2 Length of School Year

Florida private schools must operate:

- **180 actual school days**, OR
- **170 actual days with hourly equivalent of 180 days**.

4.3 Excused Absences

Documentation is **required**. Parent notes/emails **are not excused absences**.

Excused absences include:

- Personal illness **with medical documentation**
- Illness of immediate family
- Death in family
- Religious holidays
- Required court appearances
- Doctor or dental appointments
- Postsecondary visitation with **5-day advance approval**
- Communicable disease as defined in Florida Statute 1003.22 (up to 3 days excused for lice; student may not return until cleared)

4.4 Unexcused Absences

Examples:

- Shopping
- Pleasure trips
- Appointments without approval
- Suspensions
- Truancy
- Any avoidable absence
- **Sickness without medical documentation**

4.5 Tardiness

Excessive tardiness (**more than once per week**) will be addressed individually. Disciplinary actions may be assigned.

Students arriving **after 8:30 AM** must be signed in by a parent. Students will be escorted to class and may need to wait until the next class period to start instruction.

4.6 LSA 30% ATTENDANCE RULE

If a student misses **more than 30% of the school day on 15 or more days within 90 days**, the student **fails the semester** per school policy.

5. ACADEMICS & GRADING POLICY

Grading Scale

Grade	Percentage	GPA Value	Definition
A	90–100	4.0	Outstanding
B	80–89	3.0	Above Average
C	70–79	2.0	Average
D	60–69	1.0	Lowest Acceptable
F	0–59	0	Failure
I	Incomplete	0	Incomplete

5. ACADEMICS & GRADING POLICY

The Lindsay School of the Arts (LSA) follows a **standard high school diploma track requiring 24 credits for graduation**. Students must meet both **state requirements** and **LSA-specific program requirements**.

Graduation Credit Requirements (24 Credits Total)

Core Academic Subjects – 14 Credits

- **4 Credits – English Language Arts (ELA)**
- **4 Credits – Mathematics**
- **3 Credits – Science**
- **3 Credits – Social Studies**

Additional Required Credits – 7 Credits

- **2 Credits – Foreign Language**
- **1 Credit – Financial Literacy**
- **1 Credit – Art**
- **1 Credit – Performance Study**
 - *This course is unique to The Lindsay School of the Arts and is required for all LSA graduates.*
- **1 Credit – HOPE (Health Opportunities Through Physical Education)**
- **1 Credit – Additional Elective or Fine/Performing Arts Course**

Electives – 3 Credits

- Students must complete a **minimum of 3 elective credits** in addition to the requirements above.
- LSA encourages students to select electives aligned with their chosen artistic or academic pathway.

Quarter, Semester & Credit Earning Policy

LSA operates on a **9-week quarter system**, with each quarter representing **0.25 credits**.

- **Each semester = 0.5 credits**
- **A full year course = 1.0 credit**

To earn credit for any course:

- 1. Students must pass each quarter**
 - Failing any quarter may result in loss of credit, even if the final average appears passing.
- 2. Students must pass the semester as a whole**
- 3. Make-up work and grade recovery opportunities may be provided**, subject to teacher approval and LSA academic policy. Teacher are not required to issue make-up work or extra credit.

Academic Expectations

- Students are expected to maintain **consistent attendance**, submit work on time, and actively participate in all classes.
- Students who fall behind academically may be placed on **Academic Support Plans**, attend tutoring, or be assigned additional interventions.
- Community Service Requirement of 100 Hours

6. DRIVING TO SCHOOL (Student Drivers)

To drive to school:

- Provide proof of car insurance
- ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM Signed
- Park only in assigned student parking area
- Parent must provide written consent for any passengers
- Separate written consent required for each rider's parent/guardian

Driver's License Law (F.S. 322.091)

Students ages 14–18 may lose driving privileges for:

- 15 unexcused absences in 90 days
- Expulsion
- Withdrawal before graduation (16–18)
- Failure to attend school after enrolling

7. DROP-OFF, PICK-UP & HOURS OF OPERATION

- LSA does **not** provide transportation
- Hours of operation: **8:00 AM – 5:30 PM**
- School day: **8:30 AM – 3:15 PM**
- Student must be in attendance all day for a full day record

- Written consent required if someone not on emergency contacts will pick up a student

Acceptable forms of written consent:

- Text
- WhatsApp
- Email
- Signed note

8. ILLNESS AT SCHOOL

Any student with fever or signs of illness will be evaluated and must be picked up. Return is permitted only when symptoms resolve, following health guidelines.

9. BULLYING, HARASSMENT, CYBERBULLYING & THREATS

(Fully aligned with F.S. 1006.147 – Jeffrey Johnston Act)

LSA prohibits all forms of:

- Bullying
- Harassment
- Cyberbullying
- Stalking
- Threats
- Intimidation
- Sexual, religious, or racial harassment
- Property destruction
- False reporting or false threats

A threat assessment will be conducted for any behavior reasonably interpreted as harmful.

9.2 ZERO TOLERANCE

LSA follows Florida's Zero Tolerance laws for:

- Disorderly conduct
- Bullying
- Assault/battery
- Theft
- Trespassing
- Vandalism
- Drug or alcohol use on campus

10. DRUG-FREE & ALCOHOL-FREE POLICY

LSA follows:

- Federal Drug-Free Schools and Communities Act
- Federal Drug-Free Workplace Act
- Florida Drug-Free Workplace Program

Prohibited:

- Possession, use, distribution, or manufacture of alcohol or illicit drugs
- Attending school under the influence
- Being intoxicated at any school activity
- Criminal drug violations (must be reported within 5 days)

11. AUTHORITY OF TEACHERS (F.S. 1003.32)

Teachers and staff have full legal authority to:

- Maintain order

- Manage behavior
- Remove disruptive students
- Use reasonable force for protection of self and other students
- Refer students for discipline

Failure to comply with staff directions is a disciplinary violation.

12. REASONABLE FORCE POLICY

As permitted under Florida law:

LSA staff may use **reasonable physical force** only when necessary to protect:

- Student or staff safety
- Property
- Learning environment

Excessive force or punitive force is strictly prohibited.

13. INCIDENTS REQUIRING LAW ENFORCEMENT REPORTING

Must Report:

- Battery
- Homicide
- Kidnapping
- Sexual Battery
- Weapons Possession

Consultation Expected:

- Alcohol
- Arson

- Burglary
- Disruption on campus
- Drug use/possession/distribution
- Hazing
- Physical attack
- Robbery
- Theft
- Vandalism
- Threat/intimidation

14. DISCIPLINE & CONSEQUENCES

ISS (In-School Suspension)

Up to 10 days

Student completes work under supervision.

OSS (Out-of-School Suspension)

Up to 10 days

Student completes assignments at home.

Major Offenses May Result In:

- Suspension
- Expulsion
- Removal from programs
- Behavior contract
- Required parent meeting

15. ABUSE & NEGLECT REPORTING (Mandatory Reporting)

Florida Statute 39.01 requires all school personnel to report: LSA staff are legally required to report suspected:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Endangerment

Corporal punishment by a parent is *not* considered abuse unless harm is present.

- Abuse
- Neglect
- Threatened harm
- Inappropriate discipline

Reports must be made to **DCF** immediately.

16. STUDENT RIGHTS & RESPONSIBILITIES

Students must:

- Show respect and professionalism
- Follow staff instructions
- Keep language clean
- Keep shoes out of dance studios
- Never allow unauthorized people inside the building
- No cell phones during school hours
- No food in classrooms

- No gum
- Use supplies only for class purposes
- Clean up all areas before leaving
- Never remain unsupervised in any room

17. DISCIPLINARY ACTIONS

Teachers handle classroom management first.

If behavior continues or is severe, students may be referred to administration.

Students who self-report misconduct and participate in restorative actions may receive modified consequences but are still held accountable.

Consequences may include:

- Warning
- Parent contact
- Loss of privileges
- Loss of extracurriculars
- ISS / OSS
- Behavior plan
- Referral to law enforcement (if required)

ISS (In-School Suspension)

Student is removed from regular classes and supervised for up to 10 days.

OSS (Out-of-School Suspension)

Student is removed from campus for up to 10 days and no provided assigned work

17.1. OFF-CAMPUS BEHAVIOR

LSA's disciplinary policies generally do not extend to non-school, off-campus activities. However, the school may act—including suspension or expulsion—if:

- Illegal activity occurs
- The safety of the school community is impacted
- If the Off-Campus Behavior Interferes with LSA what so ever.

18. PARENT COMMUNICATION POLICY

The Lindsay School of the Arts (LSA) is committed to open, respectful, and timely communication between families and the school. Effective communication is essential for student success and safety.

Communication Methods

LSA communicates with parents/guardians through:

- Email
- WhatsApp (Primarily)
- Phone calls
- Text communication (when appropriate)
- School newsletters
- Official school notices
- Parent meetings or conferences
- LSA website and approved communication platforms

Parents must ensure their contact information is updated at all times. Any phone number or email change must be reported to school within **48 hours**.

Response Expectations

- Staff will respond to parent communication within **48 business hours**.
- Emergency issues should be addressed by phone for immediate assistance.

Parent Expectations

Parents/guardians are expected to:

- Communicate respectfully with staff.
- Address concerns directly with school administration before escalating.
- Ensure timely pickup/drop-off arrangements.
- Support school policies, procedures, and student expectations.

Parent Meetings

LSA may require parent conferences in cases involving:

- Academic concerns
- Behavioral concerns
- Attendance issues
- Safety-related matters

Failure to attend a required meeting may result in limitations on student participation in activities until the meeting is completed.

19. TECHNOLOGY & INTERNET USE POLICY

LSA provides access to technology and the internet for educational purposes only. Students must use all technology responsibly and according to school rules.

Acceptable Use

Students agree to:

- Use school technology only for learning
- Access only teacher-approved websites
- Handle devices carefully and respectfully
- Maintain privacy of login credentials
- Report any technical problems or inappropriate content immediately

Prohibited Activities

Including but not limited to:

- Cyberbullying
- Accessing inappropriate or harmful websites
- Attempting to bypass filters or security systems
- Using devices for personal social media, messaging, or gaming
- Damaging, altering, or tampering with devices
- Sharing or posting photos/videos of students or staff without permission

Consequences

Violations may result in:

- Loss of technology privileges
- Disciplinary action
- Parent conference
- Financial responsibility for damaged equipment

LSA reserves the right to monitor all digital activity conducted on school devices or networks.

19.2 WIFI & TECHNOLOGY USE

LSA provides WiFi **for educational purposes only**.

Prohibited:

- Cyberbullying
- Accessing inappropriate content
- Excessive streaming
- Unauthorized software
- Sharing login credentials

LSA reserves the right to view any device connected to its network.

Consequences may include loss of access, disciplinary action, or removal from school.

20. FERPA NOTICE (Family Educational Rights & Privacy Act)

The Family Educational Rights and Privacy Act (FERPA) protects confidentiality of student educational records.

Parent/Student Rights Under FERPA

Parents/guardians (and eligible students age 18+) have the right to:

1. **Inspect and review** the student's educational records
2. **Request correction** of inaccurate or misleading records
3. **Provide written consent** before LSA discloses personally identifiable information, except where FERPA allows disclosure without consent
4. **File a complaint** with the U.S. Department of Education for violations

Directory Information

LSA may publish directory information such as:

- Student name
- Grade level
- Participation in school activities

Parents may **opt-out** of directory information release by submitting a written request within **10 school days** of enrollment.

Disclosures Without Consent

FERPA permits certain disclosures without consent, including:

- School officials with legitimate educational interest
- Other schools when transferring
- Health or safety emergencies
- State or federal education authorities

21. NON-DISCRIMINATION STATEMENT

The Lindsay School of the Arts (LSA) is committed to providing equal access to educational programs, services, and activities for all students.

LSA does **not** discriminate on the basis of:

- Race
- Color
- National origin
- Sex
- Gender identity or expression
- Sexual orientation
- Disability
- Religion
- Age
- Marital status
- Genetic information
- Any other legally protected characteristic

This policy applies to:

- Admissions
- Educational programs
- Arts programs
- Athletics and extracurricular activities
- Employment
- Counseling and support services

Accommodations

Students requiring accommodations due to disabilities or medical needs may request assistance through LSA administration. LSA complies with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

Reporting Concerns

Any student, parent, or staff member who believes discrimination has occurred should report concerns to school administration immediately. All reports will be reviewed promptly.

22. SCHOLARSHIP REQUIREMENTS (Step Up for Students Compliance)

- Renewals: **Due within 15 days** of scholarship window opening
- Invoices: Must be approved within **2-3 days**
- 10-Day Rule: Students must attend **10 days each quarter** for full eligibility

23. WITHDRAWAL POLICY

Withdrawals should occur **at the end of any 9-week quarter, (however a formal request of withdrawal must take place on the correct date outlined on the withdrawal policy form**

Withdrawals outside the approved window incur an **Out-of-Window Fee**.
Records are released only after fees are paid in full.

This ensures smooth academic transitions and accurate record finalization.

24. QUARTERLY STUDENT ASSESSMENT POLICY

LSA conducts quarterly assessments to ensure proper student placement in the arts environment.

Evaluated categories include:

- **Interest**
- **Skill Set**
- **Behavior**
- **Preparation**
- **Feedback Response**

Parent meetings may be requested.

LSA reserves the right to remove a student from the program if assessments show the school is not the right fit.

25. STANDARDIZED TESTING

LSA administers standardized tests as required for private schools.

LSA uses **NWEA MAP** testing a minimum of 2-3 times each year.

Cheating on any standardized test results in:

- Test invalidation
- Possible need for class retesting
- **Immediate expulsion**

26. RIGHTS & RESPONSIBILITIES

Students must:

- Avoid drama or disruptive conduct
- Avoid profanity
- Never use supplies for non-class purposes
- Keep campus secure: **never open doors for unauthorized individuals**
- Keep classrooms clean
- No gum
- No food in classrooms (to prevent pests)
- No cell phones on school grounds
- No student left unsupervised at any time

27. INFRACTIONS & SIGNIFICANT INFRACTIONS

Examples of infractions:

- Dress code violations
- Cutting class
- Leaving campus without permission
- Dishonesty or lying
- Disruptive behavior
- Profanity
- Minor cheating

Examples of significant infractions:

- Harassment or bullying
- Serious threats
- Possession of weapons
- Vandalism
- Major cheating
- Violence
- Stealing
- Substance use
- Safety violations

Consequences may include community service, suspension, or expulsion.

28. COUNSELING

The School may require an initial counseling meeting.

Additional sessions, goals, and frequency are determined by the counselor and administration to support student well-being.



2026–2027 LSA Handbook Combined Signature Page

Parent/Guardian, Student, and Administration Acknowledgment

By signing below, all parties confirm they have received, reviewed, and understand the 2026–2027 Lindsay School of the Arts (LSA) Student & Family Handbook. All agree to support and follow the policies, expectations, and procedures contained within the handbook.

STUDENT INFORMATION

Student Name: _____

Grade: _____

PARENT/GUARDIAN ACKNOWLEDGMENT

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

STUDENT ACKNOWLEDGMENT

Student Signature: _____

Date: _____

ADMINISTRATION ACKNOWLEDGMENT

Administrator Name (Printed): _____

Title: _____

Administrator Signature: _____

Date: _____

Example

SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for school year (current) _____ including the summer session.

School: _____

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

*Prescription medication must be in a container labeled by the pharmacist or prescriber.

*Non-prescription medication must be in the original container with the label intact.

*An adult must bring the medication to the school.

*The school CSN/RN will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ DOB: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: _____ None expected _____ Specify: _____

Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

A verbal order was taken by the CSN/RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone#: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____

Signature

Date

CSN/RN approval for self carry/self administration of emergency medication: _____

Signature

Date

Order reviewed by the CSN/RN: _____

Signature

Date



Example

STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any “Yes” answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Example

Name of Child (Last, First, Middle)	Birth Date
-------------------------------------	------------

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: _____
(Exam must be within one year of enrollment) Month Day Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>				
Vision - With Glasses	Right 20/_____	Left 20/_____	Referred <input type="checkbox"/>	Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. **Do not record administration of any TB test or related information on this form.**

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity: Off Campus/ Leaving Campus- *Optional Form*

Dates of the Activity: The entirety of the 2025/2026 Year

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY including walking, biking, driving, or any other mode of transportation such as but not limited to Uber, Lifts, Drivers not listed on Emergency Contact Form. I acknowledge that this Accident Waiver and Release of Liability Form will be used by The Lindsay School of the Arts, and that it will govern my actions and responsibilities at said activity. In consideration of my participation in this activity, I hereby take action for myself as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence, gross negligence, strict liability, or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me while participating in Off Campus/ Leaving Campus, including my traveling to and from campus, THE FOLLOWING ENTITIES OR PERSONS: E.A. The Lindsay School of the Arts and/or its directors, administrators, employees, volunteers, representatives, and board members; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in off campus lunches, whether caused by the negligence of those released or otherwise. I acknowledge that The Lindsay School of the Arts and its directors, administrators, employees, volunteers, representatives, and board members are NOT responsible for the errors or acts of any party or entity conducting this activity. I acknowledge that this activity carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by vehicular traffic and/or accidents, temperature, weather, condition of participants, and actions of other people including, but not limited to, other participants of the activity. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I ACKNOWLEDGE THAT BY SIGNING THIS WAIVER, I AGREE TO ADHERE TO THE RULES AND REGULATIONS AS OUTLINED ON PAGE 1 OF THIS DOCUMENT.

Participant's Signature

Date

Students's Name

Parent/Guardian Signature

Date



Withdrawal Policy

The Lindsay School of the Arts – Withdrawal Policy Notice

We completely understand that life happens and circumstances can change. While we strive to be the right fit for every student, we recognize that The Lindsay School of the Arts may not always remain the best option for every family.

That said, we kindly ask that all families honor our withdrawal policy and follow the designated withdrawal time frames.

Withdrawal Time Frames

- Student Physically Leaving/Transferring the **end of any 9-week quarter (Quarters 1–4)**
- Or by **June 1st** prior to the upcoming school year
Out-of-Window Withdrawal
If a student is withdrawn *outside* of the designated withdrawal time frames, an **Out-of-Window Fee of \$1,950** will apply.

Please understand that withdrawing a student does not immediately halt the operational costs associated with their enrollment. As such, **student records will not be released until this fee has been paid in full**. Allowing Student to finish out to the end of any quarter also ensures a smoother academic transition and allows us to finalize and prepare records in a timely manner for the receiving school.

Record Requests

Please allow **5-7 business days** from the time of the request for records to be processed.

Emergency Withdrawals

If there is a **true emergency** (e.g., serious illness, family emergency, death in the family), please contact **Dorrain** or **Cindy Bridges** immediately to discuss the situation.

The Lindsay School of the Arts – Withdrawal Policy Notice Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to the terms outlined above.

Student(s) Name: _____ *Grade(s):* _____

Student Sign

Date

Parent Sign

Date

Appropriate Dates for Withdrawal Request

1st 9 Weeks Withdrawal Date 06/1/2026

2nd 9 Weeks Withdrawal Date 09/01/26

3rd 9 Weeks Withdrawal Date 12/01/26

4th 9 Weeks Withdrawal Date 02/01/27



Parent Communications Agreement

2026–2027 School Year

To support strong, timely communication between Lindsay School of the Arts (LSA), students, and families, all parents/guardians are required to comply with the LSA Communications Policy. Effective communication is essential for student success in both academic and artistic programs. This agreement outlines expectations regarding the use of **WhatsApp** and **QuickSchools** as official school communication platforms.

1. Purpose of the Communications Policy

LSA uses WhatsApp and QuickSchools to:

- Send announcements, reminders, and updates
- Communicate important academic and program information
- Notify parents about attendance, scheduling, and behavior
- Share artistic education updates, opportunities, rehearsals, and performance notices
- Facilitate quick, direct, and safe communication between families and LSA staff

Parents/guardians must actively monitor these platforms to stay informed about their student's educational and artistic responsibilities.

2. WhatsApp Communication Agreement

By signing below, I agree to the following:

- I will join the official LSA Private School WhatsApp groups assigned to my child's class/department.
- I will keep notifications on or check messages daily.
- I will respond to staff messages when a reply is required.
- I will use WhatsApp respectfully and only for school-appropriate communication.
- I understand that WhatsApp is not optional; it is an official communication tool for immediate updates.

3. QuickSchools Communication Agreement

By signing below, I agree to:

- Log in to QuickSchools regularly to review my child’s grades, attendance, behavior notes, and progress.
- Ensure my contact information in QuickSchools remains accurate and updated.
- Read messages sent through QuickSchools and take action when required.
- Support my student in maintaining academic and artistic expectations reported on the platform.

4. Responsibility & Accountability

I understand that:

- LSA cannot be responsible for missed information if I do not monitor WhatsApp and QuickSchools.
- Important announcements—including schedule changes, performance details, report cards, and school closures—are communicated through these platforms.
- Consistent communication is required for my child’s academic and artistic success.

Failure to comply with this policy may result in:

- Missed educational opportunities
- Delays in receiving important information
- Administrative follow-up or meetings with school leadership

5. Parent/Guardian Acknowledgment

I, the parent/guardian of the student listed below, acknowledge that I have read and understand the LSA Communications Policy and agree to comply fully with the expectations regarding WhatsApp and QuickSchools.

Student Name: _____

Grade: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Preferred Contact Information

Phone: _____

Email: _____

Allergy Information

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that required immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food.

No food allergy to report.

FOOD:	Nature of allergic reaction to the food:
Medication:	Nature of allergic reaction to the Medication:
Fun Facts:	List Fun Fact About Students or Things We Should Know:

Student Name: _____

DOB: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature _____