



## LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL



Elementary and Middle School : PK-2 through 8<sup>th</sup> Grade



Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4<sup>ème</sup>

Dear Parent(s)

Thank you for your interest in Lycée Franco-Américain International School. Enclosed, please find the school's registration packet. We would be happy to meet with you for a school visit. Please let us know when you are available as visits and registrations are done by appointment.

If you have any questions after reviewing the registration information, please feel free to contact us by email or by phone:

[admissions@lyceefrancoam.org](mailto:admissions@lyceefrancoam.org)

T: (954) 237-0356

<http://www.lyceefrancoam.org>

Sincerely,  
LFA Administration



Lycée Franco-Américain International School  
"Changing the World, one Child at a Time"  
1000 Ring Rd, Cooper City, FL 33024 – [www.lyceefrancoam.org](http://www.lyceefrancoam.org)  
Phone (954) 237-0356 - Fax (954) 237-036





## STUDENTS WITH LIMITED LANGUAGE PROFICIENCY IN ENGLISH OR IN FRENCH

To ensure the academic success of the students in our school, the following plan is initiated to offer the support that your child will need to successfully complete our program.

Students with limited language proficiency in English or French will receive the following assistance:

- 1) Remedial class in the language if needed
- 2) English as a second language (ESOL) or French as a second language (FRESOL) in language arts classes
- 3) Teachers will be able to present instruction in other subject content in a way that all the students can understand
- 4) Additional French lessons will be available (optional)
- 5) Constant consultation with teachers regarding the student's development will be maintained.
- 6) Quarterly evaluation plans will be initiated for the students in order to monitor their progress.
- 7) Based on the progress of the students, teachers will use their discretion to determine when and how to give the mid-term exam to the students
- 8) All students will receive a grade for each marking period, mid-term and/or final exam.

Should you have any questions or concerns, please feel free to schedule an appointment with the administration.

### ESOL classification

All students who scored below a C1 on the IPT test must be in ESOL remedial. All students who have a C1 can be exited from ESOL only if they scored 75% in reading and math in the SAT last year. If the student has not taken the SAT test, another assessment will be given (such as the DAR).

The grade accommodations for ESOL students are based on their categories (see below). The grade in English is evaluated based on ESOL grading accommodation on the progress reports and report cards:

- A1 - multiply grade by 1.9 for example: student gets a 45%  $45 \times 1.9 = 85.5\%$
- A2 - multiply grade by 1.75
- B1 - multiply grade by 1.6
- B2 - multiply grade by 1.4
- C1 - multiply grade by 1.15 \*\*\*
- C2 - no change in grade

\*\*\* C1 level students who are exited from the ESOL program will not receive any grading accommodations

Procedure/Contact/Insurance Waiver Form now on file at Lycée Franco-Américain)





## School Lunch Program

Lycée Franco-Américain has arranged to have a regularly scheduled lunch program for its students.

- A licensed caterer will be the food provider.
- The cost of the lunch is \$6.00 per day for all students. Orders must be placed no later than 8:30, the day of. (Price subject to change.)
- Each month, the school menu will be posted on Praxi. If you wish to enroll in the school lunch program or change your child's selections, please do so on Praxi.
- You may order as many or as few meals as you wish for the month. Last-minute orders will be accepted until 8:00am.
- This is not a mandatory program. Students may bring their own lunches.



Regular Uniform needed for all students.  
Bottoms: Navy Blue (no jeans).  
PE uniform needed for Middle, Elementary and Kindergarten students.

## REGULAR & PHYSICAL EDUCATION UNIFORMS

### PRICES:

Polo Shirt = \$16.00 each

P.E. Uniform = \$20.00 PER SET (T-SHIRT \$10.00 + SHORTS \$10.00)

### SIZES:

#### Polos:

2T

3T

4T

4/5

6/6X

6/7

7/8

8

10/12

14/16

(Adult sizes available by special order only)

#### PE: (shirts & shorts/mix & match)

Small = 5-8

Medium = 8-12

Large = 12-14

X Large 14-16

**INFORMATION FOR PARENTS TO KEEP**





**LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL**

**Elementary and Middle School : PK-2 through 8<sup>th</sup> Grade**  
 **Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4<sup>ème</sup>**

**APPLICATION FOR ADMISSION 2024-2025**  
**NEW STUDENT**

Date \_\_\_\_\_

Please include my child as a student in grade \_\_\_\_\_ at Lycée Franco-Américain for the academic year 20 \_\_\_\_ -- 20 \_\_\_\_

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
FIRST MIDDLE LAST (YEARS) (MONTHS)

Home Address Line 1\* \_\_\_\_\_  
STREET ADDRESS, APT. #

Home Address Line 2\* \_\_\_\_\_  
CITY and ZIP CODE *\*this is where all school correspondence, including final reports, will be mailed.*

Date of Birth: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ Place of birth: \_\_\_\_\_

Parent's Social Security Number \_\_\_\_\_ Gender of student:  Female  Male

Child's Primary Language (**pick one**): \_\_\_ English \_\_\_ French \_\_\_ Spanish \_\_\_ Haitian Creole Other \_\_\_\_\_

Language(s) spoken at home: \_\_\_ English \_\_\_ French \_\_\_ Spanish \_\_\_ Haitian Creole Other \_\_\_\_\_

**CONTACT INFORMATION**

Parent/Guardian 1: (First and last name)	Parent/Guardian 2: (First and last name)
Email address(es)	Email address(es)
Cell phone(s)	Cell phone(s)
<b>Cell phone provider (ex: AT&amp;T, Verizon...)</b>	<b>Cell phone provider (ex: AT&amp;T, Verizon...)</b>
Work phone(s)	Work phone(s)
Place of business	Place of business
Occupation	Occupation

If Parents are separated, with whom does the child live? \_\_\_\_\_

*Parents of prospective candidates are advised to submit this application as soon as possible.*

This application must be accompanied by a nonrefundable registration fee of **\$1800** for middle school, **\$1800** for elementary grades, **\$1700** for kindergarten and **\$1275** for preschool. Please make check payable to Lycée Franco-Américain.

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Date

**No application will be processed until it is fully completed, signed and a nonrefundable registration fee has been paid.**



Lycée Franco-Américain International School  
"Changing the World, one Child at a Time"  
\_\_\_\_\_ Rd, Cooper City, FL 33024 – [www.lycee francoam.org](http://www.lycee francoam.org)  
Phone (954) 237-0356 - Fax (954) 237-036





**LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL**



**Elementary and Middle School : PK-2 through 8<sup>th</sup> Grade**



**Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4<sup>ème</sup>**

**STUDENT INFORMATION**

**PLEASE BE ACCURATE CONCERNING ALL ITEMS PRESENTED BELOW, AS LYCÉE FRANCO-AMÉRICAIN RESERVES THE RIGHT TO CONTACT PREVIOUS SCHOOLS AND INDEPENDENTLY VERIFY ALL RESPONSES**

Name \_\_\_\_\_

Applicant's Current School \_\_\_\_\_ Present Grade \_\_\_\_\_

School Head/Principal/Counselor \_\_\_\_\_

Address of School \_\_\_\_\_  
(Street) (City) (Zip Code)

Please list all schools attended, starting with preschool and give dates.

School	City and State	Dates of Attendance

Has the applicant undergone any visual, hearing, I.Q. or other educational assessment during the past two years?  Yes  No  
*(If yes, please elaborate on a separate page or request to have a copy of the assessment forwarded to Lycée Franco-Américain)*

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?  Yes  No  
*(If yes, please explain on a separate page.)*

Has the applicant previously applied for admission to Lycée Franco-Américain?  Yes  No  
*(If yes, when and for what grade?)*

Describe any special circumstances that may have affected your child's experience in the past or that may do so in the future.  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any special tutoring? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's academic strengths?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





### Previous School Information/Release to Obtain Records/Contact

Student \_\_\_\_\_  
(Last Name) (First Name) (Middle)

#### Name and Address of School Previously Attended

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Principal/Administrator's Name \_\_\_\_\_

School Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number \_\_\_\_\_

I give permission and approval to Lycée Franco-Américain to contact your school, by both mail and telephone, to obtain academic performance information concerning my child. In addition, with my signature below, I authorize the release/transfer of my child's school records to the Lycée Franco-Américain's administrative offices.

Date Release was signed \_\_\_\_\_

Name of Person Authorizing Release/Contact \_\_\_\_\_  
(Please Print Name)

Relationship to Child \_\_\_\_\_

Signature Authorizing Release/Contact \_\_\_\_\_

#### Please Fax, Mail, or Email Records to

Lycée Franco-Américain  
8900 Stirling Road  
Cooper City, FL 33024

[admissions@lyceefrancoam.org](mailto:admissions@lyceefrancoam.org)

Tel: 954-237-0356

Fax: 954-237-0366





LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL

Elementary and Middle School : PK-2 through 8th Grade
Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4ème

School Reference

NEEDED FOR ELEMENTARY STUDENTS ONLY
NOT NEEDED FOR PRESCHOOL & KINDERGARTEN STUDENTS

This page is for Elementary and Middle School (First through Eighth grade)

I authorize teachers and administrators to complete and submit this reference form. I understand that this form is confidential, and I hereby waive any rights I may have to review its contents. I also release, discharge, and agree to indemnify and hold harmless the current school, its administrators, and employees, of any and all claims, actions, or liability of whatsoever kind or nature arising out of or relating to the submission of information to Lycée Franco-Américain International School.

Parent/Guardian Signature

ATTENTION SCHOOL OFFICIAL: DO NOT COMPLETE THIS FORM UNLESS PARENT SIGNATURE IS ABOVE. We would appreciate your observations regarding this applicant who is seeking admission to Lycée Franco-Américain International School, a two-way immersion language school. Thank you for your honest and forthright appraisal of this student.

Please return this form to: Main Office, Lycée Franco-Américain International School, 8900 Stirling Rd, Cooper City, FL 33024. Fax 954-237-0366.

Name of Parent(s) Date

Name of Student Grade

Please indicate your ratings by checking under the proper letter:
C = Commended (special effort and achievement); S = Satisfactory (consistent with ability);
N = Needs improvement (inconsistent with ability/age)

Table with columns for EMOTIONAL BEHAVIOR, SOCIAL READINESS, WORK HABITS, and PHYSICAL DEVELOPMENT, each with sub-rows and rating columns C, S, N.

Comments, if any:

My character recommendation:
Enthusiastic Strong Fairly strong Without enthusiasm Not recommended

My academic recommendation:
Enthusiastic Strong Fairly strong Without enthusiasm Not recommended

\*\*\* Are the parents aware of the issues that you have identified on this form?
Signature Position Date
School Phone ( )
Address City State Zip

For non-public schools: This section to be completed by the business officer.
The parents meet their school financial responsibilities:
always on time usually on time often late consistently late
Signature of Business Officer

LFA admits students of any race, color, creed, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It will not discriminate on the basis of race, color, creed, national or ethnic origin in the administration of its educational and admission policies.

This form has been created for the sole use of Lycée Franco-Américain International School and is not to be duplicated or reproduced in any form without the expressed written permission of the headmaster of Lycée Franco-Américain International School.







**EMERGENCY PROCEDURE | CONTACT | INSURANCE WAIVER**

**Emergency Procedure**

In the event my child is involved in an accident or medical emergency (as determined by the administration and/or teachers and/or staff of Lycée Franco-Américain) and needs medical treatment, I/We

\_\_\_\_\_ as the parent/guardian of \_\_\_\_\_, give  
 (Print Your Name) (Print student's name)

Permission to Lycée Franco-Américain and/or its designee to ensure that medical intervention/treatment of my child is given by Emergency personnel to ensure that my child receives the proper medical treatment, under the provisions of the Medical Practice Act, in my absence should an injury occur. I understand that due to insurance regulations, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. They cannot be transported by school van or school personnel. It is also my intent to grant authority to administer and perform any and all examinations, X-ray examinations, treatments, anesthetics, and diagnostic procedures that may in the course of my child's care be deemed advisable and necessary. I also understand and agree that I will be responsible to pay for any and all charges incurred as a result of my child's treatment at the treating hospital and/or expense for transportation to a hospital.

**My child: DOES DOES NOT have medical insurance coverage.**  
**(Circle one)**

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Carrier's Authorization Telephone Number \_\_\_\_\_

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

**(Please indicate with your signature that you understand the above emergency medical procedures and will accept responsibility for any and all emergency medical charges for transportation and treatment)**

List all Allergies 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

List all Medical conditions: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Emergency Contact Numbers**

In case of an accident or other medical emergency please contact the following people/parties in the order in which they are listed below. I understand that despite reasonable efforts to do so, you may not be able to contact a specific person listed and will attempt to contact the next person on this list as time and the situation dictates. I also understand that failure to contact any person on this list does not nullify my understanding and agreement with the above emergency medical procedure and will nonetheless accept responsibility for any and all emergency medical charges.

1. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**(Please indicate with your signature that you understand the above emergency medical contact procedures and will accept responsibility for any and all emergency medical charges.)**





**AUTHORIZED DISMISSAL | PICK-UP PROCEDURE**

**STUDENT NAME:**



**Pass Code or Number**

Please list below all people (including parents) allowed to pick-up your child. These will be the only people to whom the school will release the child. (When picking up your child, they may be asked to provide current identification with a photo, such as a driver’s license.) Include **First and Last** names for all listed below.

- 1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 4. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 5. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 6. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 7. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 8. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 9. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
- 10. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please indicate with your signature that Lycée Franco-Américain has your permission to release your child to those listed.)





**TO WHOM IT MAY CONCERN**

I hereby give my consent to \_\_\_\_\_  
 NAME OF HOSPITAL

To administer necessary treatment to my child, \_\_\_\_\_,  
 NAME OF CHILD

In the event of an emergency at which time I cannot be reached.

I give consent to transportation by ambulance if situation warrants it.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies of Child: \_\_\_\_\_

Date of Last DPT or Tetanus: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
 DATE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_  
 NAME OF PERSON ACKNOWLEDGE

My Commission Expires: \_\_\_\_\_  
 Signature of Notary Public, State of Florida

\_\_\_\_\_  
 Print or Type Name of Notary as Commissioned

Personally known \_\_\_\_\_

Or Produced Identification \_\_\_\_\_

Type: \_\_\_\_\_





**STATISTICAL INFORMATION REQUESTED OF THE SCHOOL  
 BY VARIOUS GOVERNING AUTHORITIES**

NAME OF STUDENT: \_\_\_\_\_

*Citizenship (information requested yearly by the AEFÉ: Agence pour l'enseignement français à l'étranger):*

USA \_\_\_ Yes \_\_\_ No

France \_\_\_ Yes \_\_\_ No

Other \_\_\_ Yes \_\_\_ No (if yes, European Union \_\_\_ Yes \_\_\_ No)

*(Requested by the State of Florida)*

Is student of Hispanic, Latino, or Spanish origin? \_\_\_ Yes \_\_\_ No

- *People of Hispanic, Latino, or Spanish origin are those who trace their origin or descent to Mexico, Puerto Rico, Cuba, Spanish-speaking countries of Central or South America, and other Spanish cultures. Origin can be considered as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People of Hispanic, Latino, or Spanish origin may be of any race.*

*Select all those that apply (information requested yearly by the State of Florida):*

\_\_\_ White

- (Student has origins in any of the original peoples of Europe, the Middle East, or North Africa. This includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish)

\_\_\_ Black or African American

- (Student has origins in any of the Black racial groups of Africa. This includes people who indicate their race as "Black or African American" or provide written entries such as African American, Afro-American, Kenyan, Nigerian, or Haitian)

\_\_\_ Asian

- (Student has origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

\_\_\_ Multiracial

- (Student who is of two or more races)

\_\_\_ Other: \_\_\_\_\_

Signature

Date





### PRESCRIPTION MEDICATION

To ensure proper administration of any medication prescribed by your child's doctor, we are asking that you adhere to the following guidelines:

If possible, medication should be scheduled to be given right before and/or right after school rather than during school hours.

Prescription medication provided by the parent and dispensed by LFA staff must be in the original container.

The name of the child's doctor, child's name, name of medication, dosage, and the directions for administration shall be written on the label.

Both the completed Authorization for Medication – FORM 5 (below) and the prescription medication shall be hand delivered by an adult to an administrator (if the main office is open) or to the before care staff member (if the main office is not yet open).

Inform the administrator or staff member in writing of any possible reactions and any other pertinent information related to the medication.

If your child has been placed under any physical activity and/or dietary restrictions by his/her doctor, please be sure to include that information as well.

NOTE: Never mix medication with any food or drink in your child's lunch.

**Students may not bring medication to school. Medication must be brought to school by an adult and hand delivered to an LFA staff member. Students are not to be in possession of medication at any time while on school property.**

#### Authorization for Medication – FORM 5

**No medication shall be given by Lycée Franco-Américain personnel without the signed permission of the student's parent or guardian. Please complete this form.**

Child's Name \_\_\_\_\_

Name of Medication or Prescription Number: \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Time(s) Medication is to be given: \_\_\_\_\_

Duration of treatment	* Only one day	* Daily until you receive a new form
	* Until the medication is gone	* _____ days, then stop

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date and Time Medication given: \_\_\_\_\_ Amount given: \_\_\_\_\_

Date and Time Medication given: \_\_\_\_\_ Amount given: \_\_\_\_\_

Date and Time Medication given: \_\_\_\_\_ Amount given: \_\_\_\_\_

Signature of worker giving medication: \_\_\_\_\_

**OPTIONAL:**

I authorize the administration of: \_\_\_\_\_ Children's Tylenol (Initials) \_\_\_\_\_ Benadryl [for allergic reaction only] (Initials)

\_\_\_\_\_ Children's Motrin (Initials)

to my child as directed by the manufacturer's instructions. Whenever Children's Tylenol, Children's Motrin or Benadryl is given to my child, the school will notify me as soon as possible.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_





**PARENTAL PERMISSION AND AGREEMENT TO ALLOW STUDENT TO PARTICIPATE IN PHYSICAL EDUCATION CLASS AND ACTIVITIES WHILE IN ATTENDANCE AT LYCÉE FRANCO-AMÉRICAIN FORM**

Lycée Franco-Américain, as part of a balanced educational program, offers/provides physical education activities to each of its students. These activities are conducted indoors and outdoors, weather permitting. The activities may be conducted on a paved surface and/or grass or mulch covered areas. The activities that may be offered/provided are conducted in groups and are as follows:

I/We \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_  
(Print your name) (Print student's name)

give permission to Lycée Franco-Américain and/or its designee to allow my student to participate in the physical education program as explained above, as it is conducted by the school. I also understand and agree/state that I know of no reason that my student should not participate in this program due to physical or mental reasons. I realize that in the conduct of this or any physical education program, injuries may occur to my student. I hold harmless Lycée Franco-Américain and/or its designees for such injuries and/or complications from such injuries. Furthermore, I will be responsible to pay for any and all medical charges incurred as a result of my child's treatment for such injuries should they occur at the treating hospital and/or doctor as previously stated and agreed by me/us in the Emergency Procedure/Contact/Insurance Waiver Form now on file at Lycée Franco-Américain.

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

(Please indicate with your signature that you understand the above Physical Education Program procedure and will accept responsibility for any and all emergency medical charges in the case of injury as agreed to in the Emergency Procedure/Contact/Insurance Waiver Form now on file at Lycée Franco-Américain.)





CONSENT FOR

PHOTOGRAPHS, SOUND RECORDINGS,

AND USE OF EDUCATIONAL DATA

I hereby give permission to Lycée Franco-Américain and members of its staff to take and use recordings and photographs of my child. I understand that the words "recordings and photographs" include, but are not limited to, still photographs, slides, moving pictures, sound recordings and/or videotapes.

I understand that these materials will be used for educational and marketing purposes, including but not limited to publication in professional journals and presented to audiences at conferences, workshops, and seminars. These materials can also be used to inform the public about the programs and the services offered by Lycée Franco-Américain and publicity photos to be published in newspapers, magazines, both locally and nationally, and the school's websites.

In providing this consent, I waive all claims of action which I may have at any time against Lycée Franco-Américain, its employees and agents, relating to said photographs, slides, moving pictures, sound recordings, and/or videotapes, educational data and/or other methods of recording or reproducing likenesses of my child.

I understand that I will receive educational services whether or not I consent to taking and use of such materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



PARENTAL PERMISSION TO BE CONTACTED BY PAWS (Parents Active With the School)? Yes  No

If yes, preferred contact info? \_\_\_\_\_  
(email, phone, text, WhatsApp, Discord...)



**For Middle, Elementary and Kindergarten Students  
(Not needed for Preschool Students)**

## Parental Agreement Form Concerning Student Movement during School Day

### **Elementary & Middle School Students (Grades K-8)**

Lycée Franco-Américain’s policy does not permit any off-campus movement of students during break period/recess/ and/or lunch periods.

All school students remain on campus (in the actual school building/classroom areas/outdoor areas) unless escorted by a teacher and/or adult teacher aide as part of a scheduled field trip with a completed field trip permission form.

I/We \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_  
(Print your name) (Print student’s name)

Give permission to Lycée Franco-Américain and/or its designees to limit my student’s movements as I have indicated above. I realize that in permitting/directing the type of actions/movements indicated above that injuries might occur to my student. I hold harmless Lycée Franco-Américain and/or its designees for such injuries and/or complications from such injuries. Furthermore, I will be responsible to pay for any and all charges incurred as a result of my child’s treatment at the treating hospital and/or expense for transportation to a hospital as previously stated and agreed by me/us in the Emergency Procedure/Contact/Insurance Waiver Form now on file at Lycée Franco-Américain.

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

(Please indicate with your signature that you understand the above break period/recess and/or lunch period procedures and will accept responsibility for all emergency medical charges in the case of injury as agreed to in the Emergency Procedure/Contact/Insurance Waiver Form now on file at Lycée Franco- Américain).







## COMPUTER, TABLET & NETWORK RESPONSIBILITY AGREEMENT FORM FOR STUDENTS

Computers, networks, and on-line telecommunications such as the Internet and e-mail, are becoming more commonplace in our classrooms and media centers every year. While these systems have the power to deliver a vast number of resources to our classrooms, their ability to serve students and teachers depends on the reasonable and ethical use of every device and system.

Lycée Franco-Américain has adopted a computer use policy that defines the appropriate use of technology at Lycée Franco-Américain. This policy describes how computers, tablets and networks must be used to support research and instructional activities in our classrooms, labs, and media centers. The policy has two themes. First, it promotes the use of technology as a powerful educational tool that is increasingly becoming a common part of every student’s day. The second is that those students who use these computers, tablets, and the networks to which they are connected, must act in accordance with prescribed rules and behavioral codes in the policy. Several major provisions are noted below.

**Major Policy Provisions:**

- Use of computers, tablets, networks, and on-line telecommunications systems must be related to students’ educational activities.
- Students must recognize that computers, tablets, networks, and equipment used to support on-line telecommunications systems are shared devices and agree to use them in ways that will maintain their continued operability for all users.
- No illegal activity may be conducted using Lycée Franco-Américain’s computers, tablets, networks, or online telecommunications systems.
- Students must not access or distribute offensive, obscene, inflammatory, or pornographic material.
- Students must not intentionally spread computer viruses, vandalize data, infiltrate systems, or degrade/disrupt computer and/or network performance.
- All users of computers, tablets, networks, and on-line telecommunications systems shall adhere to laws regarding copyright.
- Students are not allowed to download programs (including games) on computers or tablets.

**By signing below, Parents and Students Acknowledge the Following Points:**

- We understand that Lycée Franco-Américain has rules and regulations regarding the acceptable use of computers, tablets, networks, and on-line telecommunications systems.
- We agree that the use of these computers, tablets, networks, and on-line telecommunications resources will be done in accordance with these rules and regulations.
- We understand that failure to follow these rules may result in disciplinary action, denied or restricted use of computers, tablets, networks, and on-line telecommunications systems or appropriate legal measures being taken.
- We recognize that Lycée Franco-Américain has taken every reasonable measure to ensure that the information accessed over computer networks and through on-line telecommunications systems is appropriate.
- We also recognize that Lycée Franco-Américain cannot completely control all the information published by way of the computer workstations or tablets on our networks or by way of connected on-line telecommunications systems. We agree not to hold Lycée Franco-Américain responsible if controversial material is inadvertently accessed on a school computer or tablet.

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

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date





# LYCÉE FRANCO-AMÉRICAIN - FRENCH AMERICAN SCHOOL

**Elementary and Middle School : PK-2 through 8<sup>th</sup> Grade**  
 **Ecole Élémentaire et Collège: de la Petite Section Maternelle à la 4<sup>ème</sup>**

## PAYMENT PLAN AGREEMENT

Please submit a payment plan agreement each school year

Student's name \_\_\_\_\_

Grade \_\_\_\_\_

I have chosen the following payment plan:

- Option 1: One yearly full payment March 1<sup>st</sup> (expires on June 1<sup>st</sup>, if not paid in full).
- Option 2: Three Quarterly payments, with finance charge (August 1<sup>st</sup>, November 1<sup>st</sup>, & February 1<sup>st</sup>).
- Option 3: Ten Monthly payments, with finance charge (1<sup>st</sup> of each month, from August to May).

There will be a \$75 late fee for all payments made after the 5<sup>th</sup> of the month and 15% of the balance for all payments made after the 15<sup>th</sup> of the month.

PAYMENT PLANS WILL BE ESTABLISHED FOR ALL CURRENT YEAR CHARGES. PAYMENT PLAN ARRANGEMENTS SHOULD NOT BE MADE UNTIL REGISTRATION IS FULLY COMPLETE. Any charges incurred after this plan is established, including charges for additional activities or services added must be paid separately by the published due date or date of registration if they occur after tuition deadline. **NO AMENDMENTS TO THE PLAN WILL BE ACCEPTED.**

- I promise to pay Lycée Franco-Américain International School all payments detailed in this payment agreement by the established deadline.
- I understand that the payment agreement can be established for only one year.
- No School services (i.e., transcripts, report cards) will be granted if the payment is not received on time.
- No financial aid is applied until all aid has been finalized and all requirements have been met.
- I understand and agree that failure to pay all charges by the due date will leave my account subject to financial penalties, including collection and legal fees.
- I understand and agree that any payments made to the school will be credited first to any delinquent charges.
- I understand and agree that withdrawal from the school does not release me from this payment plan obligation, any financial penalties or other collection costs.
- At **30 days past due**, the entire payment plan balance will be accelerated (to a shorter term) and a late penalty of 15% of the outstanding balance will be assessed. The late penalty indicates that your account is past due. Unless you resolve the debt immediately, the school will advance the matter to the next step in the collection process, and your child may not be allowed to register for next year.
- Once an account is **60 days past due**, repayment arrangements may be made directly with the collection agency, and the account holder bears the costs associated with collection efforts. The cost associated with collection efforts is approximately 33.33% of the outstanding balance, which can add substantial additional charges. We encourage you to make payment in a timely manner and avoid financial penalties.
- The makers and endorsers of this agreement hereby waive protest, presentation, and notice of dishonor and hereby agree to remain bound for the payment of this agreement. The makers and endorsers of this agreement agree to pay all expenses incurred in the collection of this agreement.

**Please note: This is a binding contract.**

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian (required)

\_\_\_\_\_  
Date



Lycée Franco-Américain International School  
"Changing the World, one Child at a Time"  
ing Rd, Cooper City, FL 33024 – [www.lyceefrancoam.org](http://www.lyceefrancoam.org)  
Phone (954) 237-0356 - Fax (954) 237-036





TUITION PAYMENT PLANS: 2024-2025

PRESCHOOL (PK2 TO PK4)

- Option 1: One payment of \$10,700.00 due March 1<sup>st</sup>, 2024 (expires on June 1<sup>st</sup> 2024).
Option 2: Deposit of \$1275.00 + Three payments of \$3,325.00 (on the 1<sup>st</sup> of August/November/February).
Option 3: Deposit of \$1275.00 + Ten payments of \$1074.50 (on the 1<sup>st</sup> of each month from August – May).

KINDERGARTEN

- Option 1: One payment of \$11,641.00 due March 1<sup>st</sup>, 2024 (expires on June 1<sup>st</sup> 2024).
Option 2: Deposit of \$1700.00 + Three payments of \$3,513.33 (on the 1<sup>st</sup> of August/November/February).
Option 3: Deposit of \$1700.00 + Ten payments of \$1,138.00 (on the 1<sup>st</sup> of each month from August – May).

ELEMENTARY & MIDDLE SCHOOL (1<sup>ST</sup> TO 8<sup>TH</sup> GRADES)

- Option 1: One payment of \$12,211.00 due March 1<sup>st</sup>, 2024 (expires on June 1<sup>st</sup> 2024).
Option 2: Deposit of \$1800.00 + Three payments of \$3,680.00 (on the 1<sup>st</sup> of August/November/February).
Option 3: Deposit of \$1800.00 + Ten payments of \$1,192.20 (on the 1<sup>st</sup> of each month from August – May).

Attention: All Nonrefundable deposits are due by March 31<sup>st</sup>.

These are yearly binding contracts. Tuition is non-refundable and is due for the entire school year even if your child is officially withdrawn from the school before the end of the school year. Prepaid tuition will not be reimbursed.

OTHER FEES & CHARGES:

Lycée Franco-Américain International School will assess the following charges:

- Meals: payments are due on the first of each month.
Parental involvement requirement: Twenty (20) hours of parental involvement per year are required from each family...
After and Before School Care: Payments are due on the first of each month.
Late Payment fee: \$75 for payments made after the 5<sup>th</sup> of each month...
Returned Check Fee: \$35.00, after two returned checks...
Late Pickup Fee: is \$5 per minute after 6:00 p.m.

- During registration, parents are required to provide the child's Florida Certification of Immunization form (DH680) and the School Entry Health Exam form (DH3040).
D.C.F.S. requires that you receive the school's brochure, which includes the discipline policy.
The administration reserves the right not to accept a student after the initial interview.

I certify that I have read and understand the above terms.

Name of Parent/Guardian Signature of Parent/Guardian (required) Date

