



## 2026-2027 Application Packet

P: 352-787-8855  
F: 352-805-4447

2201 Spring Lake Road  
Fruitland Park, FL 34731

[www.htepiscopalschool.org](http://www.htepiscopalschool.org)  
[office@htepiscopalschool.org](mailto:office@htepiscopalschool.org)



Thank you for considering our school to meet your student's educational needs. Please review the following checklist and forms. We appreciate as much information as you can provide to help us best assess how we can support your student's life and academic success.

If you have any questions, please contact the office via phone or email:

[office@htepiscopalschool.org](mailto:office@htepiscopalschool.org)

Phone: 352-787-8855

Fax: 352-805-4447

### Application Checklist

- Completed Application Packet
  - Student & Family Information
  - Learning Consideration & Medical Information
  - Student Academic Information Questionnaire
  - Records Authorization & Application Acknowledgement
  - Records Request Form
- Transcripts
- Health Records, Including Immunization Record
- Current IEP or 504 Plan
- ESE Assessments (most recent, or evaluation report from Initial IEP eligibility)
- State Testing Results
- Achievement Testing Results
- Discipline Records
- Attendance Records
- Copy of Birth Certificate
- Copy of Baptismal and Confirmation Certificate(s), if applicable
- Copy of Custody Agreement, if applicable
  
- Award ID for Step Up Scholarship - when available

How did you hear about us? \_\_\_\_\_



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### Student & Family Information

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

\_\_\_\_\_ **26-27 Grade:** \_\_\_\_\_

**Sibling Names and Ages (if any):** \_\_\_\_\_

\_\_\_\_\_

**Date/Place of Baptism and confirmation if applicable:** \_\_\_\_\_

\_\_\_\_\_

**Does this student have a shared custody arrangement?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

*If yes, please provide copy of court ordered custody agreement.*

**Who does the student primarily reside with?** \_\_\_\_\_

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**Parent / Guardian #1:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Guardianship Type:** \_\_\_\_\_  
(i.e., Parent, Step-Parent, Primary, Visitation, No Parental Rights, etc.)

**Does this guardian have school-related financial responsibility?** \_\_\_\_\_ **Percentage?** \_\_\_\_\_

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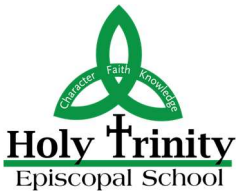
**Parent / Guardian #2:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Guardianship Type:** \_\_\_\_\_  
(i.e., Parent, Step-Parent, Primary, Visitation, No Parental Rights, etc.)

**Does this guardian have school-related financial responsibility?** \_\_\_\_\_ **Percentage?** \_\_\_\_\_



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## Student Medical Information

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Does your child take any routine medication(s)? \_\_\_\_ No \_\_\_\_ Yes  
*If yes, please provide a list of medications. This will only be referenced in case of emergency, for first responder use.*

Does your child need medication(s) at school? \_\_\_\_ No \_\_\_\_ Yes  
*\*If yes, please complete the required Administration of Prescription Medication Consent Form.*

### Medical Conditions

- My student has **No Known Medical Conditions**  
*(Please sign at the bottom and return this form with your packet.)*
  
- Asthma** (select triggers):
 

<input type="checkbox"/> <b>Environmental/Seasonal</b>	<input type="checkbox"/> Inhaler with School Nurse (Requires Form)
<input type="checkbox"/> <b>Exercise</b>	<input type="checkbox"/> Nurse*(Requires Form)
<input type="checkbox"/> <b>Upper Respiratory Infection</b>	
<input type="checkbox"/> <b>Other</b>	
  
- Diabetes** – Date Diagnosed: \_\_\_\_\_
 

<b>Type:</b>	<b>Insulin By:</b>	<b>Glucose Monitor:</b>
<input type="checkbox"/> <b>Type 1</b>	<input type="checkbox"/> <b>Pump</b>	<input type="checkbox"/> <b>Continuous Monitor</b>
<input type="checkbox"/> <b>Type 2</b>	<input type="checkbox"/> <b>Injections</b>	<input type="checkbox"/> <b>Finger Prick Kit</b>
  
- Seizure Disorder**
- Allergies** (please note severity)
 

Food (milk, nuts, shellfish, etc.) : \_\_\_\_\_

\_\_\_\_\_

Severe Sting (wasps, bees, ants, etc.): \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_
- Epi Pen at School\*** (Will Require Form)
- Other Conditions:** \_\_\_\_\_

\_\_\_\_\_



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### Student Learning Considerations

- ADHD**
- Autism**
- ODD**
- Anxiety (list triggers):** \_\_\_\_\_  
\_\_\_\_\_
- Dyslexia, Dyscalculia, and/or Dysgraphia**
- Speech / Language Disorder**
- Other Learning-Affecting Conditions:** \_\_\_\_\_  
\_\_\_\_\_

### **IEP or 504 Information:**

*Please provide a copy of most recent IEP or 504 with application.*

Primary Exceptionality on IEP or 504: \_\_\_\_\_

Date of most recent IEP or 504: \_\_\_\_\_

County & State writing most recent IEP or 504: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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### Student Academic Information Questionnaire

1. Student Strengths (describe your student's social and educational strengths):

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2. Student Behavior (describe behavior at home, what behavior do you feel interferes with academic performance):

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3. Social Interaction (describe the student's interaction with parents, siblings, teachers, and peers):

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4. Please describe your concerns for your students (including future goals):

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5. Please describe areas that you feel your student needs assistance with:

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6. Describe any concerns that your student may have about school:

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7. Is there anything else you want us to know about your student?

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### Tuition & Fees Summary

*The following is a summary of the Tuition & Fees policy and the Scholarship & Financial Assistance policy from the Family Handbook. Please refer to the Handbook for more details.*

#### **Scholarship**

Holy Trinity Episcopal School accepts Florida's Family Empowerment Scholarship through Step Up for Students. Our students may use either the Private School Scholarship or the Unique Abilities Scholarship to help cover tuition. For more information about scholarship qualifications and application, please visit: [www.stepupforstudents.org/scholarships/](http://www.stepupforstudents.org/scholarships/)

#### **StepUp Scholarship Information (if available)**

Please login to your EMA portal and provide the following information to the best of your ability. This will be used to calculate total guardian tuition responsibility.

#### **Scholarship Type:**

- Unique Abilities (Recommended, FES-UA)**
- School Choice (FES-EO)**
- Other:** \_\_\_\_\_

**Award ID:** \_\_\_\_\_ **Award Amount (if known):** \_\_\_\_\_

#### **HTES Needs-Based Financial Assistance**

We recognize that not all students will receive full funding from Step Up, and for some students the remaining balance may create undue hardship. Generous members of the Holy Trinity community have created a needs-based assistance fund to further assist in these cases. There is a formal application process following federal guidelines for financial aid, and each application is evaluated first-come-first-serve on an individual basis. This assistance is intended to mitigate true hardship and is not available for general application. If you are in need and believe you will qualify based on federal income guidelines, please contact the Head of School for an application.

To receive tuition assistance, parents/guardians must complete the formal application for financial aid with supporting documentation. A most recent tax return must be provided to substantiate financial need. All parents must make a minimum payment of 5% of whichever is less: the annual cost of tuition and fees, or their remaining balance due after all state scholarships have been credited to their account. The school board may make exceptions due to unusual hardship or multiple students in a family on a case-by-case basis when presented with a petition from the Head of School.

#### **Tuition & Fees**

A parent or guardian must be designated as the Responsible Party for the full tuition (meaning tuition and all fees), regardless of assumed scholarship funding. However, your student's tuition payment plan will be calculated based on total responsibility minus awarded scholarship funding. Tuition, fees, and payment plan options are listed below.



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Holy Trinity Episcopal School Tuition	\$ 10,500
Student Fee	+ \$ 700
FACTS Registration Fee – due in full at enrollment	+ \$ 55
<b>Total Guardian Financial Responsibility</b>	<b>\$ 11,255</b>
Payment Plan Options:	
1 Full-Sum Payment (due date variable)	\$ full total
2 equal payments due on the 1st of September and the 1st of March	\$ total / 2
10 equal payments due on the 1st of each month, September to May	\$ total / 10

*In an effort to keep tuition affordable, HTES has implemented service hours instead of a tuition increase for the 2026-2027 school year. Families are required to provide 20 hours of service via approved activities, fundraising, or classroom supplies throughout the school year. Please see **Service Hours** below for details.*

### **Split Households**

If there is any specific division of financial responsibility, whether legally established or good-faith agreement between parents, please notify the school office. A copy of the custody agreement (if relevant), including any specified financial arrangements will be requested for documentation purposes. Each responsible party will be given an independent billing account with the appropriate percentage of responsibility assigned.

### **Payment Policy**

**Every student account is required to enroll in an auto-payment plan in the FACTS Family Portal.**

Holy Trinity Episcopal School processes and tracks all payments via FACTS Management. Parents will be able to view their payment record, outstanding balance, and upcoming payments in the portal. Parents will also be able to make advance and incidental payments as desired.

Timely payments in compliance with the selected payment plan are the responsibility of the below specified guardian. This responsibility includes the timely guardian approval of quarterly scholarship disbursements in the Step Up EMA portal.

Returned or “bounced” payments and delinquent accounts may be subject to fees and notices per the FACTS billing agreement. Please note, delinquent accounts may result in delayed or denied re-enrollment applications. For senior students, delinquent accounts may result in withheld diplomas until the balance is paid in full. For further details, please see the Financial Responsibility Policy in the Family Handbook.

### **Uniforms**

Uniform shirts can be purchased from a few local and online retailers, as listed on the school website. It is the responsibility of the parent or guardian to procure uniform attire for their students. New students will receive credit for the cost of 3 shirts their first year. Returning students will receive credit for the cost of 1 shirt each year. Students are expected to wear a school uniform on all school days except Fridays and special event days. Please reference the Family Handbook for the complete School Uniform policy.



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### Service Hours

**Effective July 1, 2026 for the 2026-2027 school year, Holy Trinity Episcopal School will implement the following service hour policy:**

Holy Trinity Episcopal School Service Hours will benefit the Holy Trinity Episcopal School general operating budget, in the form of fundraising activities and provision of school supplies. Opportunities to earn service hours will be organized by the HTES Parent Teacher Group, in coordination with the Head of School. A member of the HTES office staff will track service hours and will apply them to the student accounts in FACTS family portal.

To support HTES in our commitment to small class sizes and individualized learning, it is necessary for parents to give at least 20 hours of service to the school during each school year. This is a 20-hour commitment per family, not per child.

Service Hour forms (downloadable from the website under Student Resources) must be signed and submitted to the front office **within ONE week EACH TIME a family member completes a service time**. Grandparents or older siblings may work toward fulfilling their immediate family's hours. NO OTHER transfers are allowed. Extreme situations may be discussed with the administration.

All Service Hours must be completed by May 15th. Any hours not completed by May 15th will be billed at a rate of \$20 per hour. Any hours performed after May 15th will be applied to the next school year.

**NOTE: All persons involved with children in any manner must complete the fingerprinting and background check requirements. Instructions and packets may be picked up in the office.**

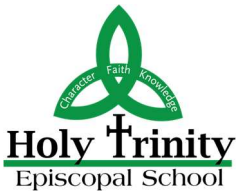
### Earning Service Hours

The Parent Teacher Group will be responsible for organizing most service hour opportunities. The administration is open to parental suggestions as to creative service ideas. The types of activities that may constitute serving are: helping with fundraisers (including the Golf Benefit in the fall and the Light the Path Banquet in the spring); helping with special projects or school events; organizing classroom and project materials for teachers; and attending PTG meetings.

Attending field trips does NOT count toward Service Hours.

Parents may buy hours at the rate of \$20 per hour before May 15th. Every \$20 of pre-approved donated school items equate to one hour of service. **All donated items must be pre-approved by school administrators.** The original purchase receipt must be provided in addition to the service hour form detailing which staff member requested the items and what the items are for (i.e., class supplies, woodworking project, drama production, etc.)

Families will receive one hour per family for attendance at Open House, Orientation, and PTG meetings. A parent must sign in before the beginning of the meeting. The sign-in sheet will be collected at the 15-minute mark of the meeting. No credit will be given to parents who fail to sign in or arrive 15 minutes late. Parents may only sign in for themselves.



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### **Acknowledgement of Policies and Responsibilities**

*I, the undersigned, understand and agree to the policies, terms, and conditions described above. I further understand and agree to be the Financially Responsible Guardian, liable for all tuition and fees as assessed by Holy Trinity Episcopal School.*

\_\_\_\_\_  
Responsible Party Name (print)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Records Request

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

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Counselor/ESE Specialist Name: \_\_\_\_\_

### To Whom it May Concern:

Please forward the following records for the above-named student to **Holy Trinity Episcopal School:**

- ✓ IEP and 504 Plans
- ✓ ESE Assessments and Records
- ✓ Psychological Reports
- ✓ Standardized Test Scores
- ✓ Achievement Testing
- ✓ Immunization Records
- ✓ Discipline Records
- ✓ Official Transcripts
- ✓ Attendance Records

Holy Trinity Episcopal School  
2201 Spring Lake Road  
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Phone Number: (352) 787-8855  
Fax Number: (352) 805-4447

Thank you for your assistance.

Sincerely,

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

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

\_\_\_\_\_  
Parent Name (Print)



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### Records Authorization & Application Acknowledgement

I hereby authorize Holy Trinity Episcopal School to directly contact schools and other sources associated with my student to obtain original and unfringed information to support this application. The undersigned releases every person and institution from all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to or from Holy Trinity Episcopal School for that purpose.

I hereby certify that all information contained in this application and any supporting documentation is complete and correct to the best of my knowledge. I understand that misrepresentations or omissions may result in denial of the application, or if the student has been accepted and enrolled, dismissal from Holy Trinity Episcopal School.

I acknowledge that the submission of this application is not a guarantee of enrollment at Holy Trinity Episcopal School. I understand that admission decisions are informed by a review of my student's individual needs and are not based solely on identified disability. I agree to be an active participant in the review process and to abide by the decision made by the staff of Holy Trinity Episcopal School.

Student's County of Residence: \_\_\_\_\_

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

\_\_\_\_\_  
Guardian Name (print)

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date