

# Living Water Christian School

## STUDENT APPLICATION

### 2011/2012

#### APPLICATION FOR ADMISSION

Instructions: The following is an application for admission to Living Water Christian School. Please print legibly and fill in All spaces to the best of your ability. All information disclosed would be kept in the strictest confidence.

#### STUDENT INFORMATION (Please print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Grade to Attend \_\_\_\_\_ Last School Attended (Name, City & State) \_\_\_\_\_

Child Lives with: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other: \_\_\_\_\_

#### PARENT/LEGAL GUARDIAN INFORMATION:

Father: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed (check where applicable)

Mother: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed (check where applicable)

Father/Guardian's Name \_\_\_\_\_ Employment/Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Father's/Guardian's Work # \_\_\_\_\_ Education \_\_\_\_\_ Religion \_\_\_\_\_

Father's Cell # \_\_\_\_\_ \*Father may pick up the child? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Employment/Occupation \_\_\_\_\_ Rank \_\_\_\_\_

Mother/Guardian's Work # \_\_\_\_\_ Education \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ \*Mother may pick up the child? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Children in Family (names and ages) \_\_\_\_\_

#### STUDENT HISTORY

Has the student ever had any serious learning/discipline problems in school? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the applicant ever repeated a grade? What grade? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Does the applicant have any learning disability, mental or physical handicaps or IEP? YES \_\_\_\_\_ NO \_\_\_\_\_

Explain: \_\_\_\_\_

Church now attending: \_\_\_\_\_ Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any school or family situations the school should be aware of? (joint custody arrangements, etc.) \_\_\_\_\_

#### Emergency contact numbers (other than Parents/Guardians):

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please notify the names listed above, if the school calls them, they must come quickly to the school.*

Living Water Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, scholarships and loan programs, and athletic and all other school administered programs.

A. Health Insurance Company Name and Policy # \_\_\_\_\_

\*Is a signed medical release to treat your child(ren), in case of emergency, on file with family physician? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

B. Does Living Water have your child's medical report/exam on file? YES \_\_\_\_\_ NO \_\_\_\_\_

(School has it's own special form, see office)

C. Is Immunization current? YES \_\_\_ NO \_\_\_  
Does Living Water have a copy? YES \_\_\_ NO \_\_\_

D. May we give your child(ren) the following? \* PLEASE CHECK \*INITIAL ALL  
\*Tylenol or Generic brand Acetaminophen YES \_\_\_ NO \_\_\_  
\*Ibuprofen YES \_\_\_ NO \_\_\_  
\*Cough Drops YES \_\_\_ NO \_\_\_

E. May we? \* PLEASE CHECK \*INITIAL ALL  
\*Clean cuts, scrapes with Hydrogen Peroxide YES \_\_\_ NO \_\_\_  
\*Put Calamine Lotion on poison ivy/oak, insect bites YES \_\_\_ NO \_\_\_  
\*Put Hydrocortisone cream on insect bites, rashes YES \_\_\_ NO \_\_\_  
\*Put Neosporin on small cuts, scrapes YES \_\_\_ NO \_\_\_

F. Are there any physical conditions or allergies the school needs to know? YES \_\_\_ NO \_\_\_  
If yes, please list all and complete a school medical alert form. \_\_\_\_\_

G. Does your child take any prescribed medication daily? YES \_\_\_ NO \_\_\_  
\*If yes, what is the name of the medicine and dosage? \_\_\_\_\_  
*\*Before medication is brought to school, see Student Handbook for the proper form to fill out.*

H. Is the student allergic to any "over the counter" drugs? YES \_\_\_ NO \_\_\_  
If yes, Please list all: \_\_\_\_\_

I. Is there any medical reason that the student cannot participate in the physical education program? YES \_\_\_ NO \_\_\_  
List reasons: \_\_\_\_\_

J. I am aware that my student must have a doctor's exam/release to participate in sports. YES \_\_\_ NO \_\_\_

K. Pick-up Permission:  
I understand that the pick-up cards issued to me are my responsibility to control. I am aware that anyone possessing these cards may pick-up my child (ren) without the school questioning them.  
The following individuals may pick-up my child(ren) with a pictured **Identification Card and without a Pick-Up Card:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_


L. Have you signed a Statement of Cooperation? YES \_\_\_ NO \_\_\_

Does the office have a copy? YES \_\_\_ NO \_\_\_


 Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

 Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

M.        I DO give permission for my child(ren) to have their pictures placed on any L.W.C.S. website.

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

       I DO NOT give permission for my child(ren) to have pictures posted on any L.W.C.S. website.

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