

# **STUDENT APPLICATION FOR ADMISSION - 2017-2018**

***For Identity Security, DO NOT Email Completed Form. Submit in person OR via USPS***

**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 will be kept in the strictest confidence.

## **STUDENT INFORMATION**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Social Security #** (12<sup>th</sup> grade only-required for official transcripts): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Last School Attended (Name, City & State):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

## **PARENT/LEGAL GUARDIAN INFORMATION**

**Mother/Guardian's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Mother/Guardian's Work #:** \_\_\_\_\_ **Mother/Guardian's Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ \*Mother may pick up the child? Yes No

**Father/Guardian's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Father/Guardian's Work #:** \_\_\_\_\_ **Father/Guardian's Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ \*Father may pick up the child? Yes No

**Church now attending:** \_\_\_\_\_

## **STUDENT HISTORY**

**Has the student ever had any serious learning/discipline problems in school?** NO YES If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the applicant ever repeated a grade?** NO: YES: What grade? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Does the applicant have any learning disability, mental or physical handicaps or IEP?** NO Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## **EMERGENCY CONTACTS** (Other than Parents/Guardians):

1. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

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

**MEDICAL INFORMATION**

Health Insurance Company Name and Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is a signed medical release to treat your child(ren), in case of emergency, on file with Living Water Christian School? YES: NO:

Does Living Water have your child's medical report/exam on file? YES: NO:  
(School has it's own physical forms in the office)

Are Immunizations current? YES: NO:

Does Living Water have a copy? YES: NO:

May we give your child the following?	<u>PLEASE CHECK</u>		<u>INITIAL ALL</u>
*Tylenol or Generic brand Acetaminophen	YES	NO	_____
*Ibuprofen	YES	NO	_____
*Cough Drops	YES	NO	_____
*Clean cuts, scrapes with water	YES	NO	_____
*Put Hydrocortisone cream on insect bites, rashes	YES	NO	_____
*Put Neosporin on small cuts, scrapes, insect bites, rashes	YES	NO	_____
*Apply Vaseline to chapped areas	YES	NO	_____

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

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 and the office for the proper form to fill out.*

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

Is there any medical reason that the student cannot participate in Physical Education? YES: NO:  
List reasons: \_\_\_\_\_

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

I am aware that it is my responsibility to read, review and abide by the Student/Parent Handbook YES NO

**PICK-UP PERMISSION -Other than Parents/Guardians**

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 without the school questioning them.

The following individuals may pick-up my child with a pictured Identification Card and without a Pick-Up Card:

- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Living Water Christian School admits students of any race, color, nationality 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, nationality, or ethnic origin in administration of is educational policies, scholarships and loan programs, and athletic and all other school administered programs.

# Financial Contract - 2017-2018

Tuition	\$3,200.00	K3 & K4: \$320/month – August 15 – May 15
	\$3,000.00	K5-12 <sup>th</sup> Grade: \$300/month – Aug 15 – May 15
Registration Fees	\$ 80.00	New Students
	\$ 70.00	Returning Students
Book Fee	\$ 250.00	K3-8th Grade
High School Course Fee	\$ 60.00	Per course: # courses ____ x \$60.00 =
Material Fee	\$ 75.00	All Students: <u>K3-12<sup>th</sup></u>
Locker Fee	\$ 15.00	<u>Grades 4<sup>th</sup>-12<sup>th</sup></u> : Lock included (\$15.00 fee for lost or broken lock)
Parking Pass	\$ 10.00	Student Drivers: <i>Place Pass on back window right side</i>
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Sports Fee	\$ 100.00	Per sport
Graduation Fees K4 & K5	\$ 35.00	Due April 1, 2017: Includes Cap, Gown, Tassel & Diploma
High School Graduation Fee	\$ 100.00	Due April 1, 2017: Does not include Cap, Gown & Tassel
Walk-A-Thon Fee	\$ 225.00	1 <sup>st</sup> Student: Due by May 1st
	\$ 125.00	2 <sup>nd</sup> Student: Due by May 1st
	\$ 50.00	3 <sup>rd</sup> Student: Due by May 1st
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\*Please read carefully and initial:

\_\_\_ Registration Fee, Book Fee, Material Fee, Locker Fee and Parking Fee are due at Registration.

\_\_\_ All Fees are non-refundable except in case of class cancellation.

\_\_\_ Tuition is due the 15<sup>th</sup> of every month.

\_\_\_ Extended Care is due the 15<sup>th</sup> of the month.

\_\_\_ Walk-A-Thon Fee is due by May 5th.

\_\_\_ **NOTE: There is a two (2) month processing fee for early withdrawal for Military PSC orders before the end of the 2017-2018 school year with a copy of military orders.**

\_\_\_ **NOTE: There is a two (2) month processing fee for students whose parents provide a letter from their employer stating their job transferred out of the area.**

\_\_\_ **NOTE: Full Tuition, in its entirety, and all Fees including Walk-a-thon are due immediately if parents voluntarily withdraw students before the end of the current school year.**

\_\_\_ **NOTE: It is required that Parents/Guardians read and sign a Statement of Cooperation.**

## LATE FEES:

\_\_\_ Tuition payments received after the 20<sup>th</sup> of the month will incur a \$15.00 Late Fee.

\_\_\_ Extended Care payments received after the 20<sup>th</sup> of the month will incur a \$10.00 Late Fee.

\_\_\_ Required Walk-a-thon amounts received after May 5<sup>th</sup> will incur a \$20.00 Late Fee.

## TUITION DISCOUNTS:

5% 2 Children

10%: 3 Children

20% 4 or more Children

# Financial Contract - 2017-2018

1. We agree to enroll our child(ren) in Living Water Christian School for the current school year and agree with the following policies as they apply to the following fees:

**REGISTRATION FEES:** \$80.00 for New Students. \$70.00 for Returning Students.

**LOCKER FEES:** \$15.00: LWCS locks are included. There is a \$15.00 Fee for lost or broken LWCS issued locks.

**SPORTS FEES:** \$100.00 per sport.

**BOOK FEES:** \$250.00 for K3-8<sup>th</sup> Grade;\$ 60.00 for each High School course (9-12)

~ All non-consumable books are property of Living Water Christian School.

~ All books will be ordered through Living Water Christian School.

**MATERIAL FEE:** \$75.00

**WALK-A-THON FEE:** \$225.00 for first child; \$125 for second child; \$50 for third child. A \$20.00 Late Fee is due after May 5, 2017.

TUITION FEES: Tuition fees are paid in 10 installments, August 15–May 15. K3&K4: \$320/month; K5 – 12<sup>th</sup> Grade: \$300/month

~ All monthly installments are due on the 15<sup>th</sup> of each month.

~ Payments received after the 20<sup>th</sup> of the month will incur a \$15.00 late fee

**NOTE:** Tuition is to be paid in full if parents willingly withdraw students early. This is not a monthly contract but a binding contract for the full tuition amount of \$3,200.00 (K3 & K4) and \$3,000.00 (K5–12th). Parents with a job transfer or PCS orders will be charged a two (2) month processing fee and must pay all required fees (including Walk-a-thon). A letter stating a job transfer out of the area on Employer Letterhead or a copy of PCS Orders is required.

2. We understand that student records will be held by School Administration until all accounts plus late charges are paid in full.

3. As per the Statement of Cooperation, any account is considered delinquent 5 days after the due date, and if all delinquent payments have not been brought up to date after 10 days have elapsed, the student will be suspended until full payment has been made.

4. Children are responsible to bring their own lunch, morning snack & an afternoon snack if attending After-School Care. It is required for every student to have a lunch. Milk/Soda/Juice/Water or Drink Cards may be purchased at the school.

x \_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

Living Water Christian School admits students of any race, color, nationality 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, nationality, or ethnic origin in administration of its educational policies, scholarships and loan programs, and athletic and all other school administered programs.

Rev. January 15, 2015: File: P1 Financial Contract, recent

# Authorization For Emergency Care Of Minor

Student's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Home #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Father's Mobile #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Mother's Mobile #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Father's Work #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Mother's Work #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Home #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Primary Dentist Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**In case of emergency, illness or accident the child is given first aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the Emergency Room. Living Water Christian School does not assume responsibility for the payment of any medical fees.**

**I/We, the undersigned, parent(s) or legal guardians of the minor listed below:**

Minor's Name	Date of Birth
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**Do hereby authorize any x-ray examinations, anesthetic, dental, medical or surgical diagnosis or treatment by any Physician or Dentist licensed by the State and hospital service that may be rendered to said minors under the general, specific or special consent of an acting agent of the school, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of the Physician or Dentist, or at a hospital licensed by the State. I/We authorize the Physician or Dentist to call in any necessary consultants, in his/their own discretion. We further authorize said Physician or Dentist to exercise his/their discretion in authorizing the disposal of any severed tissue or member.**

**It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said Physician or Dentist to exercise his/their best judgment as to the requirements of such diagnosis of medical, dental or surgical treatment.**

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***TO BE SIGNED AND WITNESSED DURING REGISTRATION***

**This consent shall remain effective for the duration of the student's enrollment at Living Water Christian School unless sooner revoked in writing, delivered to said Physician or Dentist of the said persons entrusted with the custody, care and control of said minor children.**

Date	Father/Guardian Print Name	Father/Guardian Signature
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Date	Mother/Guardian Print Name	Mother/Guardian Signature
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Date	Witness Print Name	Witness Signature
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# LIVING WATER CHRISTIAN SCHOOL STUDENT HEALTH SERVICES

## Permission for Prescribed Medication to Be Given During School Hours

### \*To Be Completed By Parent/Guardian:

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give consent for the school staff to administer this medicine to my child according to the physician's following directions. The school office has my permission to contact the physician should there be any questions or concerns regarding the medication.

I understand that medicine will be delivered to a school personnel by a parent/guardian and that **students are not to transport medications.**

I understand that this prescribed medicine will be in the original pharmacy labeled container with identifying information (e.g., name of child, medication name, dosage prescribed and time of administration).

If this is an **over the counter medication**, the medication must be in the original, labeled container.

I hereby release Living Water Christian School and their agents and employees from any and all liability that may result from my child taking this prescribed medication and from any and all liability that may result from my child's self-medication.

Parent/Guardian (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

### To Be Completed By Prescribing Physician:

To help the student maintain school performance, it is necessary that the medications below be given during school hours:

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time(s) medication to be given at school: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

As Needed/PRN: \_\_\_\_\_ \*Circumstances: \_\_\_\_\_

\*(If medication is ordered as needed, please indicate the specific circumstances when medication should be given. Non-medical personnel may be administering the medication.)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Contraindications for Administration: \_\_\_\_\_

### Emergency Medications:

For emergency medications, student **may/may not (circle one)** self-medicate.

**If this is an emergency medicine, I certify that the student has been instructed by me in its proper use and needs to carry it at all times.** Yes No N/A

<i>For students with asthma:</i>	-The student has an Asthma Action Plan.	Yes	No
	-The student uses/has a Peak Flow Meter.	Yes	No

Physician's Name (Stamp) \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR AND WHENEVER THERE IS ANY CHANGE IN THE MEDICATION.**

# **STATEMENT OF COOPERATION 2017-2018**

1. We agree to support and read the spiritual, academic, moral, dress, and discipline standards of Living Water Christian School as established in the Student Handbooks.
2. In making application for my child(ren) to attend Living Water Christian School, I agree to:
  - Support to the best of my ability the ministry of the school through prayer and time.
  - Support the student's education by supervising assigned homework and keeping in regular contact with the student's teacher.
  - Support the Staff/Faculty in all school policies including policies in the Teacher and Student's Handbooks.
  - We understand it is our full responsibility to have the pickup cards with us when picking up our child(ren) and our responsibility to control the pickup cards issued to us. The school has my permission to allow my child(ren) to go home with the individual that presents the pickup card.
3. We recognize that all children are accepted on a three (3) week trial basis. If, after three (3) weeks the child is not responding to instruction, the parents will be contacted and the child may be required to withdraw.
4. The school reserves the right to dismiss any student who does not cooperate with the educational process or school policies. The school reserves the right to dismiss or disenroll any child(ren) whose parents/guardians do not cooperate with the staff/faculty or school policies. If the student is dismissed for any reason, the tuition will be prorated for the period the child is in school.
5. I give permission for my child(ren) to participate in all activities, including school-sponsored trips away from the school premises, and absolve the school from any and all liability to me or my child because of any injury to my child(ren) at school or during any school activity away from the school premises. In case of an accident or serious illness, I request that the school contact me as time permits. If the school is unable to reach me, I hereby authorize the school to call my physician. The school is authorized to make decisions and arrangements to minimize the injury to my child(ren).
6. I understand that North Carolina Law states that a student removed from the classroom before lunch will be counted as a full day absent. I further understand that 10 unexcused absences will require administration to report the absences to the District Attorney.
7. It is the school's earnest desire that possible misunderstandings never lead to anyone feeling it necessary to pursue legal action. If a misunderstanding occurs, our family accepts the school's policy for reconciliation by mediation and arbitration other than trial court:

- Therefore, the parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in or within the Christian community in conformity with the Biblical injunctions of 1Corinthians 6:1-8, Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the enrollment relationship, including statutory claims, shall be settled by Biblically based mediation.

- If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. Each party to the agreement shall have the right to select one arbitrator. The two arbitrators selected by the parties shall jointly select one neutral, third arbitrator. If there is an impasse in the selection of the third arbitrator, the Calvary Assembly of God Church, Inc. Pastor shall be asked to provide the name of a qualified person that will serve in that capacity. The arbitration shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Association of Christian Conciliation Services and Biblical Character.

- The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the enrollment relationship of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. Each party, regardless of the outcome of the matter, agrees to bear the cost of their own arbitrator and one half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Father's Signature                                  Date

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Mother's Signature                                  Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name