

LIBERTY CHRISTIAN SCHOOL

9401 4TH STREET NORTH, ST. PETERSBURG, FL 33702

www.libertychristiansch.net

(727) 576-9635

APPLICATION FOR REGISTRATION KINDERGARTEN THROUGH GRADE 5

OFFICE USE ONLY

Date Rec'd _____
App. Fee _____
Curr. Fee _____

Teacher _____
Physical _____
Immunization _____
Birth Certificate _____

Known Allergies: _____

Applicant's legal name _____
Last First Middle Name Used

Current grade _____ Applying for grade _____ Projected date of entrance _____
Date of Birth _____ S.S. # _____ Male _____ Female Race _____

Applicant lives with (check all that apply): Check any that apply: Applicant's

Father Stepfather Other Father is deceased Parents are separated
 Mother Stepmother Other Mother is deceased Parents are divorced

Father/Legal Guardian Information

Mother/Legal Guardian Information

Name _____
Last First

Name _____
Last First

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home phone _____

Employer _____

Employer _____

Phone _____ S.S.# _____

Phone _____ S.S.# _____

Please star (*) the address (es) to be used for all correspondence about the applicant.

People to notify in case of an emergency (when parents can't be reached):

Name: _____ Phone: (H) _____ (W) _____ Relationship _____
Address: _____

Name: _____ Phone: (H) _____ (W) _____ Relationship _____
Address: _____

List names of persons with permission to remove child from school (in addition to parents):

AFTER SCHOOL CARE: Yes No LUNCH PROGRAM: Yes No

Do other children in the family attend LCS yes no If so please list names and grade levels.

EDUCATIONAL BACKGROUND

School applicant is attending or last attended: _____

	Name	Phone
Street	City	State
		Zip

Attendance dates: _____ Grades: _____

Has applicant ever been retained? yes no Comments _____

Has applicant ever skipped a grade? yes no Comments _____

Has student ever been tested for a learning difficulty? yes no (If yes, please discuss the results and include a copy of the report.)

Has the student ever been enrolled in a special program or special education program (A.D.D., etc.)?
yes no If yes, please explain.

Has your son/daughter ever been referred for or received psychological or personal counseling?
yes no If yes, please describe.

Has this student had a discipline problem? yes no If yes, please explain. _____

Has he/she had an attendance or tardiness problem? yes no If so, please explain. _____

Has this student ever been suspended, expelled, or withdrawn from any school for any reason?
yes no If so, please give the name of the school, year, contact person, and nature of the problem.

What special needs does he/she have which the school should be aware of? _____

Is there a language other than English spoken in the home? yes no If yes, please list.

HEALTH BACKGROUND

Does the applicant have a physical health problem of which the school should be aware? (This may include special diet, prescriptions, surgeries or limitations of normal activities.)

If your child has allergies, please list those things to which he/she is allergic. _____

Does he/she wear glasses? yes no If yes, when are they needed? _____

Does the applicant take medication regularly? yes no If yes, please explain _____

RELIGIOUS BACKGROUND

Father: Religious preference _____ Church _____ Member yes no
Mother: Religious preference _____ Church _____ Member yes no

What church are you now attending? _____ Regularly? yes no

IN CONCLUSION

We first learned of LCS through: (Please check only one)
 Student(s) currently enrolled Phone book Sign on 4th St. N.
 Parents of LCS student Minister Newspaper
 Other - please explain _____

The two factors most influencing us to apply to LCS: (Please check only two)
 Location Christian teaching Discipline
 Academic reputation Advantages of a small school
 Other - please explain _____

Name of all grandparents:

Name	Address	City	State	Zip

PARENTAL COMMITMENT TO LIBERTY CHRISTIAN SCHOOL

- In signing this application I/we acknowledge commitment to the following:
 - To accept teacher and administrative authority.
 - To support the Christian philosophy of education as taught at LCS.
 - To support LCS policies as stated in this application and the student handbook.
 - To make tuition payments on schedule for the current school year.
- If I/we choose to withdraw or are requested to withdraw the applicant from the school we are responsible to pay the tuition and any balance of fees.
- I/we understand that all records (ex. medical) will be retained by the school until accounts are paid in full.
- The applicant may participate in scheduled field trips.
- I/we will provide fresh and whole grained foods when possible for lunches, and will use fruit juices or milk as a lunch beverage.
- I/we give permission to consult the child's physician/health resource listed in case of emergency if parent cannot be reached. I/we have received a copy of the childcare facility brochure and a copy of the center's discipline policy.
- I/we have received a copy of the LCS handbook.
- Primary hours of care provided by LCS for my child are: From _____ a.m. until _____ p.m.
- All information provided the school is complete and accurate.

Father or Legal Guardian Date Mother or Legal Guardian Date

Note: If the student lives with both parents, both parents must sign.

LIBERTY CHRISTIAN SCHOOL
9401 4th Street North, St. Petersburg, FL 33702
(727) 576-9635
MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, _____ Birth Date _____ School Grade _____ in event of an emergency, provided such treatment is imperative, and I cannot be contacted. I also give my consent for said child to be transported by ambulance if the situation warrants.

Name of family physician _____ Telephone _____

Hospital preference _____

State any specific allergies, disabilities, or restrictions _____

Date of last DPT or tetanus _____ Does the student receive medication? ____yes ____no

Type and reason for medication _____

Name of medical insurance company _____

Policy number _____ Expiration date _____

Name of Family dentist _____ Address _____

Phone _____ No dentist, see doctor

Father/Legal Guardian Name _____ Work Phone _____

Address _____ Home Phone _____

Mother/Legal Guardian Name _____ Work Phone _____

Address _____ Home Phone _____

Emergency Person's Name _____ Work Phone _____

Home Phone _____

(Signature of Parent/Legal Guardian)

STATE OF FLORIDA - COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____, 20____ by _____
(print name of signer)

WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp, or Type as Commissioned)

NOTARY PUBLIC
SEAL OF OFFICE:

- Personally known to me, or
 Produced identification: _____
(Type of Identification Produced)
 DID take an oath, or DID NOT take an oath.

LIBERTY CHRISTIAN SCHOOL
9401 4th Street North, St. Petersburg, FL 33702
(727) 576-9635
MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, _____ Birth Date _____ School Grade _____ in event of an emergency, provided such treatment is imperative, and I cannot be contacted. I also give my consent for said child to be transported by ambulance if the situation warrants.

Name of family physician _____ Telephone _____

Hospital preference _____

State any specific allergies, disabilities, or restrictions _____

Date of last DPT or tetanus _____ Does the student receive medication? ____yes ____no

Type and reason for medication _____

Name of medical insurance company _____

Policy number _____ Expiration date _____

Name of Family dentist _____ Address _____

Phone _____ No dentist, see doctor

Father/Legal Guardian Name _____ Work Phone _____

Address _____ Home Phone _____

Mother/Legal Guardian Name _____ Work Phone _____

Address _____ Home Phone _____

Emergency Person's Name _____ Work Phone _____

Home Phone _____

(Signature of Parent/Legal Guardian)

STATE OF FLORIDA - COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____, 20____ by _____
(print name of signer)

WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp, or Type as Commissioned)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally known to me, or
 Produced identification: _____
(Type of Identification Produced)

DID take an oath, or DID NOT take an oath.