



Life Christian School

5585 SW 209th Ave., Aloha, OR 97078
Phone:(503) 259-1329 Fax:(503) 649-5484

E-mail: lcs@lcsions.org Web Address: www.lcsions.org

Daily Schedule: PK - Kindergarten 8:15-2:30 // 1st-2nd 8:15-2:45 // 3rd-5th 8:15-3:00 // 6-12th 8:30-3:15

REFERRED BY: _____ School Year ____/____ Today's Date: _____

Student Information: _____ / _____ / _____ M / F Ethnicity (optional) _____

 Date of Birth Gender

 Last Name First Name MI

 Address City State Zip Code (____) (____)
 Home Phone Cell Phone

 Student Email Address Parent Email For Tuition Reminders

Circle Grade Applying For:
 PreK(AM only) PreK(All Day) Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

Name and address of last school attended:

 _____ Zip Code: _____
 Phone # (____) _____ Fax # (____) _____

Siblings: Name(s)	Age

➔ PLEASE ATTACH MOST CURRENT TRANSCRIPT/REPORT CARD

Parent Information:

Mother: Parent Step Guardian Has legal custody? Yes ___ No ___

 Yes ___ No ___ Yes ___ No ___
 Last Name First Name Okay to Pick-up Lives with Student

 Address (If different than student) City, State, Zip
 (____) (____)
 Home Phone Cell Phone E-mail Address

 Employer Occupation Work Phone & ext. (____)

Father: Parent Step Guardian Has legal custody? Yes ___ No ___

 Yes ___ No ___ Yes ___ No ___
 Last Name First Name Okay to Pick-up Lives with Student

 Address (If different than student) City, State, Zip
 (____) (____)
 Home Phone Cell Phone E-mail Address

 Employer Occupation Work Phone & ext. (____)

FOR OFFICE USE ONLY:

Date received: _____ App Fee: \$ _____ Date Paid: _____ **Principal Approval:** _____
 Comments: _____

NO Photo Release Med. Alert
 Financial Agreement Enrollment Fee: \$ _____ Date Paid: _____ Enrollment Sheet Smart Tuition RenWeb
 Records Request Sent

Family Religious Information:

- Name and address of church attending: _____
- Are you a member? _____
- How long have you been attending? _____
- Does your child attend church? _____ If so, how often? _____
- Has father accepted Jesus Christ as his personal Savior? _____ Mother? _____
- Does father agree with the LCS statement of faith listed below? _____ Does mother? _____

Statement of Faith:

- We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:15; 2 Peter 1:21).
- We believe there is one God, eternally existent in three persons -- Father, Son, and Holy Spirit (Genesis 1:1; Matthew 28:19; John 10:30).
- We believe in the deity of Jesus Christ (John 10:33); His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35); His sinless life (Hebrews 4:15; Corinthians 15:3; Ephesians 1:7; Hebrews 2:9); His resurrection (John 11:25; 1 Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11; Revelation 19:11).
- We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace, through faith alone, are we saved (John 3:16-19; John 5:24; Romans 3:23; Romans 5:8 & 9; Ephesians 2:8-10; Titus 3:5).
- We believe in the resurrection of both the saved and the lost; that they are saved unto resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28 & 29).
- We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12 & 13; Galatians 3:26-28).
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; 1 Corinthians 3:16; 1 Corinthians 6:19-20; Ephesians 4:30; Ephesians 5:18) and empowered to exercise certain spiritual gifts (Hebrews 2:4, 1 Corinthians 12:4-11).

Family Reference – Pastor:

 Name (_____) _____
Contact Number

 Address City State Zip Code

Student Reference – Church Teacher/Mentor or School Teacher:

 Name (_____) _____
Contact Number

 Address City State Zip Code

Additional Family Information:

1. Are you applying for the admission of all your children of school age? _____ If not, why? _____

2. Has student ever been dismissed, suspended, or disciplined? _____ If yes, please explain _____

3. Are there any unusual factors in the student's life (absence of father or mother, grandparents in home, unusual accidents or serious illness, adoption, etc.)? Use additional paper if needed. _____

4. Why do you wish this child to attend Life Christian? Use a separate page if needed. _____

Medical Emergency Form
(Please complete entire form)

Student Last Name _____ First Name _____ MI _____ Grade _____

Mother's Name _____ Primary Contact Number _____ Secondary Contact Number _____

Father's Name _____ Primary Contact Number _____ Secondary Contact Number _____

Additional Emergency Contacts: **Okay to Pick-Up**

Name _____ Phone Number _____ Relationship to Student _____ Yes No

Name _____ Phone Number _____ Relationship to Student _____ Yes No

Name _____ Phone Number _____ Relationship to Student _____ Yes No

Name _____ Phone Number _____ Relationship to Student _____ Yes No

Approved Hospital: _____

Approved Hospital for Emergency Transport _____ City _____

Doctor: _____
 Name (First & Last) _____ Phone Number _____

Dentist: _____
 Name (First & Last) _____ Phone Number _____

Confidential Health History:

Date of last tetanus shot: _____ Please list any drug allergies: _____

Does student have any chronic medical conditions (i.e. asthma, heart problems)? Yes No

If yes, please explain in detail _____

Please list any medications you authorize office staff to give your child, **including dosage instructions** (i.e. Tylenol, Advil, prescriptions): _____

Medical Release:

I, the undersigned, do hereby authorize officials of Life Christian School to contact the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted or this form has not been completed by the undersigned, Life Christian School officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.
 I will NOT hold Life Christian School financially responsible for the emergency care and/or transportation for said child.

Parent Agreement

Student Name

1. I understand that once a child has been enrolled, the registration fees will not be refunded.
2. I agree to cooperate with the staff, teachers, curriculum, and programs at LCS. I understand that communication will take place primarily through e-mail, in addition to letters, flyers, and occasional phone calls. I agree to keep communication with school staff open by promptly responding to all correspondence.
3. I authorize the Principal and the teaching staff of LCS to employ such discipline, as they deem necessary for my child. I understand that in the event of discipline, which might require a suspension, the school will contact me before such action is taken. If, after reasonable effort has been made to discipline my child, and he/she still does not comply with the standards of the school, I agree to withdraw him/her from LCS.
4. I agree to help my child with homework when necessary and cooperate with the high academic standards of the school. I understand it is the goal of LCS to see each child reach his/her maximum potential in academic achievement and to experience consistent, progressive growth in all areas of learning. Therefore, I agree that if my child, through lack of effort and/or through learning difficulties, does not maintain satisfactory progress, it may be necessary to place him/her on academic probation so that I and the school can closely evaluate and monitor his/her effort and progress. If these efforts are unsuccessful, I understand that the student may be required to withdraw from LCS.
5. I promise to encourage obedience to the school rules and to read, support, and uphold the dress code and Parent/Student Handbook used at LCS.
6. _____ I DO NOT give permission for my child's photo to be included in any school publication.
_____ I DO give permission for my child's photo to be included in any school related publication. (This may include composite class pictures, school website, videos of school productions and activities, facebook, school blogs, etc.)
7. I give permission for my child's parent contact information to be printed in a class list (available in the school office by request only).
8. I understand that participation slips are on file until your student's graduation date from LCS; if or when an event happens (i.e. field trip) you will be notified by your student's teacher.
9. I understand that if my student is a 6th-12th grader they will participate in the LCS Christian Service Program. With my signature to this statement, I/we release and hold harmless LCS/Life Church, individual sponsors, teachers, administrators from all liability for mishap or injury to the student named there-in from the time of departure, in route to their place of service, to the time of return.
10. I understand that the school uses a web-based data server which requires families to log onto the internet to stay current with grades and assignments. The school will mail report cards quarterly.
11. I acknowledge that all medical forms on file are current and valid. I will update the school office in the event of any changes.
12. I and my child understand and accept that there are risks of serious injury and death in any sport, including the ones(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports/activities.

I have read and fully understand the above agreement and agree to abide by its conditions.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Teacher Reference 20__ - 20__

(Required for 1st - 12th grade students)

Student Last Name _____

First Name _____

Grade _____

Teacher Instructions:

- Please complete all of the following information to the best of your knowledge.
- **Mail completed form to : STUDENT RECORDS**
Life Christian School
5585 SW 209th Avenue
Aloha, OR 97078

PLEASE CIRCLE ONE RESPONSE PER CATEGORY:

How well do you know this student?	Considerable contact	Occasional contact	From records only			
CHARACTER:	Completely trustworthy	Dependable	Attempts minor deceptions	Occasionally needs watching	Often dubious	Not known
ACHIEVEMENT:	Distinctively an overachiever	Superior results in relation to ability	Satisfactory achievement	Performance spotty	Poor results in relation to ability	Not known
COURTESY:	Outstandingly considerate	Mannerly	Usually polite	Often negligent	Rough and uncouth	Not known
SOCIABILITY:	Extroverted and gregarious	Open and friendly	Reserved but approachable	Shy and introverted	Sullen, unsociable	Not known
CHOICE OF FRIENDS:	Picks the best	Travels in a good group	Has a few friends who are not helpful	Unselective	Has troublesome associates	Not known
LEADERSHIP:	Highly influential for good	Respected but slow to lead	Follows with discrimination	Follows indiscriminately	Leads in undesirable directions	Not Known

Is there any record of conduct at school or in the community which has required more than normal disciplinary action? ____ Yes ____ No

If yes, please give approximate date and a few particulars on the reverse side of this page.

For admission to Life Christian School, this student is recommended:

With Strongly Fairly With Not

Please write any additional comments on the reverse side of this page

Name

School Grade Taught

(____)_____
Contact Number

Signature

Date