LIFE CHRISTIAN
PRE-SCHOOL APPLICATION FOR ADMISSION

***Mission Statement*: Life Christian provides a Christ-centered environment of academic excellence, where staff works in partnership with families, to develop students who will know and serve the Lord Jesus Christ with all their heart, mind, and strength.**

Life Christian is a selective admissions school looking for students whose lives and achievements best exemplify the mission of our school.

Life Christian does not discriminate on the basis of race, sex, economic or ethnic background, and we reserve the right to deny admission to any student whose abilities or attitudes do not match the spiritual and philosophical mission of Life Christian.

This school is authorized under Federal law to enroll non-immigrant students.

This application must be completed in its entirety. Failure to do so will delay the application process.

Please circle the pre-school class student is applying for:

TU/TH AM (3 yrs.) MWF AM (4 yrs.)

PRE-K AM (4-1/2 to 5-1/2 yrs.) PRE-K PM (4-1/2 to 5-1/2 yrs.) Enrichment AM (4-1/2 to 5-1/2 yrs.) Enrichment PM (4-1/2 to 5-1/2 yrs.)

*Morning classes are 8:50-11:15 AM / Afternoon classes are 12:30-2:50 PM / Enrichment classes are **ONLY** for students enrolled in Pre-K*

Student Name: _____ **Sex**: M F
Last First Middle

Home Address: _____ **Home Phone**: _____
Street **(Area Code)**

_____ **E-mail address** _____
City **Zip**

Birthdate: ____/____/_____ **Age on Sept. 1st**: _____ **City/State of Birth**: _____ **SSN**: _____
Month Day Year

Ethnicity (optional): ☐African American ☐Caucasian ☐Native Indian/Native Alaskan ☐Asian/Pacific Is. ☐Hispanic ☐ Other _____

How did you find out about Life Christian? _____

*** * Is either parent forbidden by court order from having equal access to the child or school records? ___Yes ___No**

*** * Is there an active restraining order / parenting plan we should have on file? ___Yes ___No**

(It is the parent's responsibility to provide the school with a copy of any current restraining order, parenting plan or other court order regarding your child.)

Name of legal guardian if other than parent: _____

If student does not live with both biological parents, student lives with: _____ biological mother only _____biological father only
_____biological mother and stepfather _____biological father and stepmother _____ guardian

Names & ages of other family members applying/re-applying to Life Christian: _____

Name of Father / Stepfather / Guardian: (circle one) _____
Last First

Complete Address: _____ Home Phone: (_____)_____

City & Zip: _____ Cell or Pager: (_____)_____

Employer: _____ Work Phone: (_____)_____

Name of Mother / Stepmother / Guardian: (circle one) _____
Last First

Complete Address: _____ Home Phone: (_____)_____

City & Zip: _____ Cell or Pager: (_____)_____

Employer: _____ Work Phone: (_____)_____

***Office use only*:**	School Year: _____	
Application Fee Received:	Registration Fee Received:	Family # _____
Date: _____	Date: _____ ☐Check:_____ ☐Cash	
Amt: _____	Amt: _____	Child in Family: _____

GRANDPARENT INFORMATION

Paternal Grandparents: _____

Street Address: _____ Home Phone: _____

City, State & Zip: _____

Maternal Grandparents: _____

Street Address: _____ Home Phone: _____

City, State & Zip: _____

☐ Please include on selected school mailings. ☐ Do not include on selected school mailings.

SPIRITUAL AND CHARACTER INFORMATION

Name of Church: _____ Pastor: _____

Address: _____ Phone: _____

Church Attendance: How many times a month do the following family members attend church?

Student	_____	If applicable,	Stepfather	_____
Father	_____		Stepmother	_____
Mother	_____		Guardian	_____

Why do you as parent/guardian want your child to attend Life Christian? _____

_____

_____

STUDENT / FAMILY CONTRACT

Upon acceptance for admission, we as a family hereby agree to accept the following rules and regulations of Life Christian. We have discussed the importance of each of these areas with our student.

CHRISTIAN CONDUCT: I/We understand that the standards of Life Christian require behavior emphasizing Christian character and students are expected to bring glory to God through their behavior and witness.

ACADEMICS: I/We will encourage, support and help our student in homework, memorization, projects and study habits.

DAMAGES: I/We will pay for damage caused by my/our student.

DISCIPLINE: The School shall have authority to discipline my/our student, and I/we will require my/our student to comply with all school regulations. I/We further agree to cooperate and discipline my/our student in the home as needed. I/We understand that a student who persists in unacceptable conduct will not be permitted to remain in school.

FINANCES: I/We agree to meet all financial obligations promptly. I/We have read the financial policy (on the back of the Tuition Rate Sheet) as adopted by the Life Christian Board and agree to adhere to it.

LIABILITY: I/We release the school from all liability, except negligence, while my/our student is under school care and responsibility.

PLACEMENT: The school has full discretion in the placement of my/our student.

By our signatures we acknowledge that we have read and discussed the above rules and, as a family, we are in full support of the standards set by Life Christian. We authorize Life Christian to administer such disciplinary measures as deemed necessary by the Administration.

Parent/Guardian Signature: _____ Date: _____

IF ACCEPTED FOR ADMISSION:

☐ DO NOT include my name, address, and phone number on the K-12 car pool list.
☐ DO NOT include our name, address, and phone number in the school directory.
☐ I authorize Life Christian to photograph or permit other persons to photograph my/our student while under their care to be used for the support and promotion of Life Christian.

In order to help the pre-school staff make your child's experience at Life Christian a positive one, we would appreciate your answering the questions below. Thank you.

Is English a second language in your home? ☐ Yes ☐ No

Is your child potty trained? ☐ Yes ☐ No

Has your child had any previous pre-school experience? ☐ Yes ☐ No

If yes, please give the name of the pre-school. _____

Was his / her experience a positive one? ☐ Yes ☐ No

Does your child have any speech delays? ☐ Yes ☐ No

If yes, has your child been evaluated by a professional? ☐ Yes ☐ No

Please explain _____

_____

_____

Is your child in speech therapy? ☐ Yes ☐ No

Does your child have any learning delays or physical challenges? ☐ Yes ☐ No

If yes, has your child been evaluated by a professional? ☐ Yes ☐ No

Please explain _____

_____

_____

Is your child in occupational therapy? ☐ Yes ☐ No

Does your child have any medical or allergy concerns that we should be aware of? ☐ Yes ☐ No

If yes, please explain _____

_____

_____

_____

_____

_____

Thank you for taking time to answer these questions. It will help us to place your child in the appropriate class.