

# L.W.C.S. New Student Enrollment Application

School Term: 20 \_\_\_\_\_

Date : \_\_\_\_\_

## Student Information

Name \_\_\_\_\_  
[Last] [First] [Middle]

Primary Residence \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_

School last attended \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Student Social Security # \_\_\_\_\_

Circle if Applicable: Parents Married / Parents Separated / Parents Divorced / Father Deceased / Mother Deceased

If divorced, who has primary custody? \_\_\_\_\_ A copy of custody papers must be on file.

Student resides with (Check all):  Father  Mother  Stepfather  Stepmother  Guardian  Grandparents

## Family Information

Father's Name \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Emergency Telephone Number other than those already listed \_\_\_\_\_

Email for School Updates: \_\_\_\_\_

Please provide the following information on the parent **not living** with the child:

Full Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation/Firm Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please send:  No Mailings  All Mailings and Email Communications

List of other people permitted to pick up your child:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Religious Information**  
(Optional for Scholarship Parents)

Church Attending : \_\_\_\_\_

Address: \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father:                      Christian?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Mother:                      Christian?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Has applicant even made a profession of faith in Christ?    Yes \_\_\_\_\_    No \_\_\_\_\_

**Medical Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does student have any physical defects or allergies? \_\_\_\_\_

Explain \_\_\_\_\_

Has student received necessary immunizations?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Will medication need to be dispensed at school on a daily basis?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes please provide Medical Permission Form and daily medication dispenser.

How could this medicine affect your child in the classroom? \_\_\_\_\_

Does applicant have a life-threatening allergy? ( )No ( )Yes

Explain \_\_\_\_\_

**Scholastic Information**

What are your child's academic strengths?

\_\_\_\_\_

Weaknesses?

\_\_\_\_\_

Has applicant ever repeated or skipped a grade? ( )No ( )Yes

Reason: \_\_\_\_\_

\_\_\_\_\_

Has applicant ever been diagnosed with learning, social physical, or emotional disorders disabilities? ( )No ( )Yes  
If yes, explain: \_\_\_\_\_

Has student ever been expelled, dismissed, suspended or refused admission to another school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has student ever had disciplinary difficulty at school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has student ever failed in academic subject in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

### **Supplemental Information**

Has applicant ever been involved in the use or sale of illegal drugs? ( )No ( )Yes Explain: \_\_\_\_\_

Has applicant ever been brought before the Jevenile Court or law enforcement agency? ( )No ( )Yes

Reason: \_\_\_\_\_

Are there any other pertinent facts you would like to share? \_\_\_\_\_

My child's picture \_\_\_\_\_ may \_\_\_\_\_ may not (check one) appear on the website, brochures, or other promotional material.

### **Extended Care**

Will you need to drop your child off between 6:30 a.m. and 8:00 a.m.? No ( ) Yes ( ) What time? \_\_\_\_\_

Will you need to pick your child up between 3:30 p.m. and 6:00 p.m.? No ( ) Yes ( ) What time? \_\_\_\_\_

Application, Registration and Testing Fee of \$150.00 must accompany Application and are not refundable. [Registration and Testing Fee are included for students that have scholarships.] An interview with the parents and the student will be required before final acceptance.

For your convenience in meeting your financial obligations, tuition is divided into monthly installments.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

“ I hereby promise to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.”

“If my child participates in a scholarship program I agree to endorse the checks within 48 hours of being informed they are available.”

“ I give permission for my student to participate in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.”

“ I agree to uphold and support the high academic standard of the school by providing a place at home for my student to study and giving my student encouragement in the completion of any homework or assignments.”

“ I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations in the applicant’s behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child.”

“ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”

“I have read or will read the Parent Handbook with my child and will contact the administration with any questions we may have.”

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

The following forms and documents must accompany this application before student may begin classes:

1. Current Florida Certification of Immunization
2. State of Florida Student Health Examination Form (school physical taken upon enrollment in a Florida school)
3. Copy of birth certificate
4. Most recent report card
5. Financial Agreement
6. Parental Permission Form