

Life Christian School

Application Procedures and Checklist

Applicant is responsible for ensuring that all steps in the application process are completed.

1. APPLICATION FORM

The Admission application must be completed and signed by the parents/guardian. Turn in completed application form and \$100 application fee (Check made payable to Life Christian School) to the church office.

2. APPLICANT EXAMINATION

The testing appointment will be scheduled after the application has been received. Each applicant is required to take an entrance examination.

3. REQUIRED READINGS

Parents/Guardians *must* read Life Christian Parent/Student Handbook.

4. INTERVIEWS

A personal interview with the Principal and/or School Board members is required for parents/guardians.

Upon Admission to Life Christian School:

5. ACADEMIC RECORDS

Submit a copy of the applicant's educational records, including report cards, standardized aptitude and/or achievement test scores, etc.

6. MEDICAL RECORDS

A copy of the applicant's immunization record, a certification of school-entry health exam, and a copy of applicant's birth certificate are required before a student can attend classes.

7. SCHOLARSHIP ASSISTANCE

Tuition assistance may be available on a case-by-case basis for families requesting need-based scholarships. Interested parents/guardians must complete and submit the *Financial Aid Scholarship Application*.

Life Christian School

2019-2020 TUITION

Tuition at Life Christian School includes all curriculum, student and classroom supplies.

Kindergarten: \$5,000 tuition plus fees

Elementary Grades: \$5,500 tuition plus fees

FEES

Field Trips, class trips and special events will be charged as they occur.

\$100 Application Fee

\$150 New Student Assessment

\$350 Annual Enrollment Fee for New and Returning Students

DISCOUNTS

Multi-Child Discount: Starting with the second child and each child thereafter will receive a 2% discount.

Tuition Discount: If you pay the full tuition by July 1st, you will receive a 5% discount. If you make two equal payments on July 1st and November 1st, you will receive a 3% discount. If you choose the monthly payment option, the full tuition will be paid in 10 equal payments beginning August 1st and ending May 1st.

REFUND POLICY

Life Christian school is committed to providing a high quality education. In order to fulfill its mission, annual commitments are made to hire teachers, rent facilities, purchase curriculum, supplies and equipment. These costs to the school do not decrease when a child is withdrawn. Therefore, Life Christian School has a strict **no refund/no waiver** policy for tuition and fees. Transcripts and/or school records will not be released for any child until all tuition and fees are paid in full.

I understand that tuition payments must be current according to the plan I have selected in order for my child(ren) to begin classes.

I understand that all tuition and related fees are due on or before the payment deadline or according to the tuition payment plan.

I understand that if my tuition payments are not current, my child will not be able to continue attending classes.

I have carefully read the Refund Policy (no refund/no waiver policy for tuition and fees) and am committed to supporting Life Christian School.

Life Christian School

Tuition Plan Agreement

(Please select one plan)

Single Payment Plan: Full payment of tuition due on July 1st.

You will receive a 5% discount with the Single Payment Plan

Two Payment Plan: Two equal payments due July 1st and November 1st.

You will receive a 3% discount with the Two Payment Plan

Monthly Payment Plan: Ten monthly payments made August 1st to May 1st.

*You will **not** receive a discount with the Monthly Payment Plan*

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Mail all Correspondence to:

Life Christian School

P.O. Box 1365

Athens, TX 75751

LCS Office Use Only	
Date Received	Begin Date
Interview	Transcripts
Fees Paid	Application, Enrollment, Assessment and Tuition

Life Christian School

STUDENT INFORMATION

Circle the following

Applying for Admissions	Year	Grade Applying for	Gender
Fall or Spring	2019-2020	_____	Male or Female

Full Legal Name _____
Last or family name Given Name MI

Social Security Number _____ - _____ - _____ Ethnicity (optional) _____

Permanent Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Academic Information

Has the student ever repeated a grade? Yes No

If yes, what grade was repeated and why _____

Current School _____ Grade Levels _____
i.e. Pre-k-4th

City _____ School Phone _____ - _____ - _____

Prior School _____ Grade Levels _____
i.e. Pre-k-4th

City _____ School Phone _____ - _____ - _____

Life Christian School

Admissions Questions:

1. Does the applicant have a current IEP 504 Plan, or Formal Plan? YES NO

Please describe if the applicant has a diagnosed learning difference or any particular circumstances that should be taken into consideration (i.e. reading difficulties, etc).

2. Describe applicant's academic strengths. (i.e. personal habits that facilitate learning, subject area strengths, etc.)

3. Describe any physical, mental, or emotional issues, which would not allow applicant to participate fully in academic or athletic programs at Life Christian School.

4. Has applicant ever been: *(Provide a complete explanation on a separate sheet of paper for any of the first three boxes checked)*

Sent home or suspended for _____ school day(s) for misbehavior? How many times? ____
Expelled from a school for misbehavior?
Been put on any form of academic probation?
None of the above

5. How did you hear about Life Christian School?

Friend	Facebook
Website	Church
Current LCS Staff	Other: _____
LCS Staff Name _____	

Life Christian School

Family Information:

Parent/Guardian Martial Status (*Please Circle*):

Married Separated Divorced Remarried Deceased Single

Student resides with (*Please Circle*):

Both Parents Mother Father Stepfather Stepmother Grandmother Grandfather Other

School Notification should be sent to:

Mother Father Guardian Other: _____

Which email address(es) should be used as the primary for all school correspondence?

_____;

Please list individuals who are permitted to pick up your child in the event that the parents or guardians are unable to do so: 1. _____ 2. _____

Father's Name: _____

Employer & Occupation: _____

Work Number: _____ Cell Number: _____

Home Address: _____

Email Address: _____

Mother's Name: _____

Employer & Occupation: _____

Work Number: _____ Cell Number: _____

Home Address: _____

Email Address: _____

Life Christian School

Applicants Siblings:

Name	Age	Grade	Current School

Do you plan to enroll any of these children? Yes No

In case of divorce or separation, please complete the following questions:

Legal Custody: Joint Mother Father Guardian Other: _____

Financial Responsibility will be assumed by: _____

Step Father's Name:

Employer & Occupation: _____

Work Number: _____ Cell Number: _____

Home Address: _____

Email Address: _____

Step Mother's Name:

Employer & Occupation: _____

Work Number: _____ Cell Number: _____

Home Address: _____

Email Address: _____

Life Christian School

Application Student Questionnaire

Directions: Using your best cursive handwriting, thoughtfully answer the questions on this paper. Do not use any additional help or support from other for any part of this questionnaire.

Name of Applicant: _____

Present School: _____

Present Grade: _____

Today's Date: _____

What books have you read in the past years that were not required by your school?

- 1.
- 2.
- 3.
- 4.
- 5.

List your favorite activities of a non-academic nature. Include activities in and out of school.

- 1.
- 2.
- 3.
- 4.
- 5.

Are you willing to work to the best of your ability everyday as a Life Christian School Student?

Are you willing to cooperate with the authority of your teachers every day?

Student Signature

Date

Life Christian School

Application Parent Questionnaire

1. Why are you considering Life Christian School for your son or daughter?
2. What are your expectations of Life Christian School?
3. What is the name of the church you are attending?
4. Tell us about your son or daughters special interests and personality.
5. Are there any family circumstances that might effect performance and of which we should be aware? If so, please explain.

The information provided by me in this application is to the best of my knowledge complete, accurate, and true. I understand that all students in grades K-6th and their parents may be interviewed by the administration before final acceptance. I agree to abide by the school's policies, procedures, and requirements contained in the Parent-Student Handbook and Tuition Agreement. I understand that the application fee is **non-refundable**.

SIGNED: _____ **Date:** _____
Father/Guardian

SIGNED: _____ **Date:** _____
Mother/Guardian

Return the completed application and \$100 applicant fee (made payable to Life Christian School) to church office.

Life Christian School

Life Christian School Medical Release Form

Individual(s) to contact if parents or guardians cannot be reached

1. Emergency Contact Name _____

Relationship _____

Phone Number _____

Employer _____

Work Number _____

2. Emergency Contact Name _____

Relationship _____

Phone Number _____

Employer _____

Work Number _____

Immunization Requirements

Per State law (Title 25: 99.61-97.72), students may not begin attending classes at any public or private school without providing either a copy of the student's immunizations records or an affidavit of exemption from immunization. Please contact your health provider and request your child's records, and provide to Life Christian School.

Student Medical Information

Student Name: _____ Grade: _____ Date of Birth ___/___/___

Known Medical Conditions _____

Current Medication(s) _____

Known Allergies _____

Additional Info _____

Medical Permission Request form or a written request must be received from the student(s) health care provider. This request should contain the name of the medication, purpose of the medication, the frequency and the amount of dosage. Medicine must be hand delivered by the parent /guardian, in the original container, properly labeled with the student(s) name, name of medicine and directions for the time and dosage.

Life Christian School

Medical Insurance Information

Health Insurance Company _____

Policy Holder _____

Policy Group Address _____

Phone _____

If not covered by medical insurance please check here:

PHYSICAN INFORMATION

Primary Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Specialist Name _____ Phone _____

I hereby authorize Life Christian School to give and/or obtain EMERGENCY MEDICAL assistance for my student in the event that I cannot be reached. I assume FULL financial responsibility for any such medical service rendered. I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Life Christian School. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Life Christian School and its employees harmless. Life Christian School will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstance allows. In the event that no one can be contacted, Life Christian School will contact a physician, ambulance personnel or emergency room personnel and will follow the recommendation of these persons. *I agree to pay any expenses that Life Christian School may incur in the emergency treatment of my child.*

SIGNED: _____ **Date:** _____

Father/Guardian

SIGNED: _____ **Date:** _____

Mother/Guardian

Life Christian School

Consent for Release of Student Information

To the Parent or Guardian: Please complete and sign this consent for the release of information. Submit this sheet to an official at your child's school.

Today's Date _____

Name of Student: _____

Last

First

Middle

Birth Date: _____

I, _____, parent or legal guardian of

Parent/Guardian Name

_____, hereby grant permission to

Student's Name

_____ to release the following educational

Current School

records of our child to Life Christian School:

1. **Copies of courses and grades**
2. **Copies of standardized testing results**
3. **Discipline Records**

Signature of parent/guardian

Date

Address of parent/guardian

Telephone

This Student is in the process of enrolling at Life Christian School.

Life Christian School
P.O. Box 1365
Athens, TX 75751

We appreciate your cooperation in sending the information to Life Christian School at your earliest convenience.

Life Christian School (903) 802-0714 www.athenslifechristianschool.com