



Current Grade: _____
Grade in School Year 2011-2012: _____

Student's Social Security #: _____
(Print all information)

STUDENT INFORMATION

1. Last Name	2. First Name	3. Middle Name	4. Date of Birth
5. Address		6. Apt No.	7. Home Telephone Number ()
8. City	9. State	10. ZIP Code	
11. Preferred Name			
12. School Last Attended <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Home School <input type="checkbox"/> Other			
13. Health Insurance or Medicaid Information		Address	
Provider: _____	Policy Number: _____	City	State ZIP code
14. Student's Siblings	A.	B.	C.
Student's Siblings' School			
15. Please indicate whether or not your child has been diagnosed with or is he or she suspected of having ADD or any other learning disability! : ADD Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, Date Diagnosed: _____ <input type="checkbox"/> Other Learning Disability Y <input type="checkbox"/> or N <input type="checkbox"/> Specify _____			
16. Medication Taken Daily: <input type="checkbox"/> Allergy Medicine <input type="checkbox"/> Asthma Medicine <input type="checkbox"/> Other Specify: _____		16b. Allergies _____	

PARENT/LEGAL GUARDIAN (One must be parent or legal guardian with whom student lives)

17. Parent or Legal Guardian	Relationship	SSN	18. Parent or Legal Guardian	Relationship	SSN
Address		Apt. No.	Address		Apt. No.
City	State	ZIP Code	City	State	ZIP Code
E-mail Address		Occupation	E-mail Address		Occupation
Cell Number ()	Work Number ()		Cell Number ()	Work Number ()	
<input type="checkbox"/> Has legal custody of student (if student is under 18 years old)			<input type="checkbox"/> Has legal custody of student (if student is under 18 years old)		
Employer's Name/Address			Employer's Name/Address		
City	State	ZIP Code	City	State	ZIP Code

IN CASE OF EMERGENCY

19. Emergency Contact Person (other than parent/guardian)	Relationship	Home Number ()	Work Number ()
Address (Street, State, ZIP code)		Cell Number ()	Can pick-up student Y <input type="checkbox"/> N <input type="checkbox"/>

Fees (check One): FOR OFFICE USE ONLY

20. <input type="checkbox"/> Re-enrollment Fee Paid	Amount Paid:	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Weekly
Tuition paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly			
BILLING: Name of Parent(s) or Guardian(s) to whom billing and other correspondence should be sent (First, Middle I., Last) (If different from above) Address: _____ City/State/Zip _____			
21. <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
First Name	Middle I.	Last Name	Social Security Number Relationship

I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

*Signature of Parent/Legal Guardian Date _____

PERMISSION AND RELEASE FORM

Student's Name _____ Grade _____ School Year: 20 _____

DISCIPLINE PERMISSION

Teachers have a tremendous responsibility to maintain a classroom atmosphere that allows learning to take place. Your permission is required to administer godly discipline to your child. Discipline includes teaching, training, correction, and punishment. Teachers depend on God for wisdom to help them know what is needed in each specific situation.

I give permission for the teachers of Lord's Tabernacle Christian Academy to administer godly discipline to my child.

Regarding the use of spanking, my decision is:

- My child may be spanked when necessary.
- Contact me before using spanking to discipline my child.
- My child may not be spanked

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

LIBRARY PERMISSION

(For grade 1-7 only)

I give permission for my child, _____ Grade _____ to check books out of the LTCA library. I agree to pay any fines and to cover the cost of any books lost by my child.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

RELEASE

Release Code _____

I, _____ hereby authorize the Lord's Tabernacle Christian Academy to release the above child from the school facility to the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

MEDICAL RELEASE

Should my child _____ become ill or injured while under the supervision, I approve staff members of the school to administer minor or incidental first aid such as Tylenol. No Yes

In the event of a more serious illness or injury, I authorize LTCA to:

1. Contact a parent or legal guardian or emergency contact of the student and follow his/her instructions.
2. In the event of an emergency when a parent or guardian or an emergency contact cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transporting is to be done either by school-provided transportation or if school official deems it preferable by ambulance. For information only, the name of child's physician is:

Dr. Name _____ Phone Number _____

Hospital that the child should be taken to in the event of an emergency _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which requires my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the principal or their designated representative, to furnish on my behalf such written or oral authorization as my be required.

Furthermore, I release Lord's Tabernacle Christian Academy (LTCA and all its representatives from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization and agree to indemnify and hold harmless Lord's Tabernacle Church and Christian Academy or representatives from any expense for said treatment or services.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

HOME & SCHOOL COMMITMENT (please read carefully and respond to the following)

- A. I UNDERSTAND that LTCA will teach and base its teachings on the understanding that the Bible is the inspired Word of God, that it is without error, and that it is our guide for all facets of life.
- B. I UNDERSTAND that my child(ren) will be taught that salvation and a relationship with God comes only through individual faith in the person and work of Jesus Christ. LTCA students will be instructed and encouraged to live for Christ in their thoughts, conversations and actions.
- C. I UNDERSTAND that LTCA's mission originates and extends from the Christian home and that reporting and communicating in mutual accountability will characterize the home-school relationship
- D. I UNDERSTAND the need for home and school to work together in a common goal of nurture and education.
- E. I UNDERSTAND that LTCA reserves the right to refuse any application at any time, if it is determined by the school administration that the applicant is not suited to the program offered by the school. LTCA further reserves the right to dismiss any student whose LTCA Academic performances or whose conduct does not meet the standards set forth in the LTCA student handbook.
- F. I AGREE to support the school to the best of my ability, in faithful prayer for the kingdom work of the school, and in offering of practical help and resources to the school.
- G. I AGREE to support the spiritual, academic, moral, dress, and discipline standards of LTCA, as set forth in the policies found in the LTCA Student Handbook.
- H. I AGREE to allow my child(ren) to participate in all required field trips and school activities during the school year.

My signature indicates that I have read, accepted and will support each statement of the Home and School Commitment Guidelines as noted above, and it verifies the accuracy of all other information provided on this document:

Father's/Guardian Signature _____ Date: _____

Mother/Guardian Signature _____ Date: _____

Who is Responsible for your child's education?

Answer: The Parent, The Teacher, and The Student

LTCA admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its education policies, admissions policies, scholarship programs and athletic and other school-administered programs..

Transportation Waiver

I hereby give my child permission to be transported to and from all school related field trips by The Lord's Tabernacle Christian Academy I (We), _____ hereby assume full responsibility for risk of bodily injury or accidental death incurred in case of an accident that is not due to the negligence of a principal, coach, or staff member of the Lord's Tabernacle Christian Academy while participating in events.
Parent(s)/Guardian(s)

I hereby give staff members of The Lord's Tabernacle Christian Academy permission to make any medical decision on my behalf in case of accident if I am unable to be reached.

The Lord's Tabernacle Christian Academy is not responsible for any stolen or misplaced items that are left on the premises and/or on the bus.

STUDENT'S NAME _____ GRADE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Media/Photograph Release Form

LTCA will promote students achievement and events in a variety of ways. LTCA may wish to use your child's photograph, student work, or voice for promotional and/or education reasons such as publications, posters, brochures, newsletters, the website, newspaper, radio, magazine, or television.

Yes, I do hereby give LTCA authorization to photograph or video my child and to use the photographs or videos for educational or promotional purposes such as billboards, posters, brochures, websites, newsletters, magazines, etc.

No, I do not hereby give LTCA authorization to photograph my child and use the photographs and/or video my child.

STUDENT'S NAME _____ GRADE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Student Personal Information Form

Student's Full Name: _____

Date of Births: _____ Grade: _____

Father's Name: _____

Home Number: _____ Cell phone: _____

Work Number: _____ Email address: _____

Mother's Name: _____

Home Number: _____ Cell phone: _____

Work Number: _____ Email address: _____

Emergency Contacts

Please provide LTCA with three (3) emergency contacts

Name: _____ Relationship _____

Home phone: _____ Work phone _____ Cell phone: _____

Name: _____ Relationship _____

Home phone: _____ Work phone _____ Cell phone: _____

Name: _____ Relationship _____

Home phone: _____ Work phone _____ Cell phone: _____

Medical Information

Is your child allergic to anything? No Yes (Please explain) _____

This child takes medicine regularly? No Yes (Please explain) _____

Does your child have any condition that the school should know do about asthma, nose bleeds, etc. _____

L.T.C.A. Policies

- 1.) No parent should visit a teacher while he/she is instructing the class. If a parent needs to see a teacher or the administration, an appointment should be scheduled.
- 2.) All parent conferences will be scheduled Monday thru Thursday between 3:30-4:00 p.m. or during the teacher's planning period.
- 3.) Classes are scheduled to start at 8:00 a.m. All students who arrive to school after the scheduled start time will be considered late.
- 4.) Any student that arrives two hours after the scheduled start time will be considered absent unless it is an "excused tardy"
- 5.) No preschooler will be admitted to class after 9:00 a.m. without a doctor's statement.
- 6.) Classes are dismissed at 3:10 p.m. All students are required to be picked up by 3:20 p.m. unless the student has been enrolled in the after-school program.
- 7.) Students that are not enrolled in the afterschool program that are present after 3:20 p.m. will be charged at a fee of \$5.00 per hour.
- 8.) All students are required to conduct themselves as young men and young ladies. Any student that is caught sexually harassing another student will be dismissed from the Christian Academy. NO EXCEPTIONS.
- 9.) All grooming and fashion statements that are detrimental to the school will be prohibited.
- 10.) Any student carrying in their possession a weapon (knife or gun) or drugs will be dismissed from the Christian Academy. No EXCEPTIONS.
- 11.) Any students involved in a fight, will be given a three (3) day suspension. NO EXCEPTIONS.
- 12.) A three day suspension will be issued when all disciplinary actions have been exhausted.
- 13.) Any student receiving three (3) suspensions within a school year will be dismissed from the Christian Academy. NO EXCEPTIONS.
- 14.) All students entering kindergarten have to be five (5) years of age. A copy of the child's birth certificate is also required. (The only exceptions is if your child's birthday is on or before September 30 of the school year).
- 15.) All students are expected to pass a comprehension exit exam.
- 16.) The book, application, testing, and enrollment fees are non-refundable. NO EXCEPTIONS.

I have read the 2011-2012 school policies.

PARENT/GUARDIAN SIGNATURE

Date



Starting Date: _____

Days that extended service will be needed:

M T W TH F

RELEASE CODE: _____

Student's Information

1st Child's Name: _____ Grade: _____

2nd Child's Name: _____ Grade: _____

3rd Child's Name: _____ Grade: _____

4th Child's Name: _____ Grade: _____

Parent's Information

Father's Name: _____ Work Phone: _____ Cell phone _____

Mother's Name: _____ Work Phone: _____ Cell phone: _____

Emergency Contact Name: _____ Cell phone: _____

Person(s) Released to:

1st Name _____ Relationship: _____

2nd Name _____ Relationship _____

3rd Name _____ Relationship _____

4th Name _____ Relationship _____

5th Name _____ Relationship _____

Payment Information

Before School (6:15 – 7:50 a.m.) \$ 10 for the full week (\$3.00 per day)

After school (3:15-5:30 p.m.) \$20.00 for the week (\$5.00 per day)

Methods of Payment: Cash, check, money order, credit card(there is a \$1.00 fee for all credit card payments).

Fees are due on last day of each week.

Parent's Signature: _____ Date: _____