

LAWTON CHRISTIAN SCHOOL STUDENT APPLICATION FORM

For office use only: T.I.P. ___ Date Received ___/___/___ Immunizations ___ Birth Cert. ___ NS Probation ___ Physical Form ___

STUDENT INFORMATION

School Year: 2018-2019 Grade: _____

Student's Name: _____ DOB: _____ Gender: _____

Address: _____ *Student's Cell #: _____

Church: _____ *Student's Email: _____

Youth T-Shirt Size: YXS YS YM YL YXL Adult T shirt size: AS AM AL AXL AXXL

CUSTODIAL PARENT/GUARDIAN

#1 Title: _____ Parent/Guardian: _____ Relationship to Student: _____

Marital Status: Single Married Divorced Remarried Widowed Work Phone: _____ Cell Phone: _____

Place of Employment/Unit: _____ Email Address: _____

#2 Title: _____ Parent/Guardian: _____ Relationship to Student: _____

Marital Status: Single Married Divorced Remarried Widowed Work Phone: _____ Cell Phone: _____

Place of Employment/Unit: _____ Email Address: _____

*This information is used for parental and student access to RenWeb; a web-based program for information, assignments, and grades.

ADDITIONAL EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Designated Physician: _____ Phone: _____

List any medications currently being taken: _____

Medical allergies (if none, write "none"): _____

Does your student have any health problems? _____

I give Lawton Christian School permission to give my child:

Tylenol: YES NO Ibuprofen: YES NO

Parent Signature: _____ Date: _____

••Lawton Christian School admits students of any race, color, national and ethnic origin to all the 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 of its educational policies, admission policies, scholarship programs, athletic programs, and other school-administered programs.

++Our Accreditation is through the ASSOCIATION OF CHRISTIAN TEACHERS and SCHOOLS (ACTS) which is a member of the OKLAHOMA PRIVATE SCHOOLS ACCREDITATION COMMISSION (OPSAC) recognized by the Oklahoma State Department of Education and the NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION (NCPA) effective May, 2010.

*Required student information

MEDICAL RELEASE

I, _____, the undersigned Parent(s)/Guardian(s) of the minor child, _____, do hereby consent, authorize and request the hospital, clinic, physician or surgeon to whom this consent is delivered, to render medical treatment to the above named minor child of the undersigned without any further consent or authorization. This consent is intended to include all medical treatment and services which may be necessary and required for the best interests of the child of these parties, as may be determined by the physician or surgeon designated above. It is further intended to cover those situations commonly defined as "emergencies" whether arising prior to such medical attention or treatment, or during the course of any such treatment and attention.

"Emergencies" as used herein, means those situations which may arise which, in the sole determination of the above designated physician, may threaten imminent and immediate bodily harm.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ 20_____	
_____ My commission expires: _____	
Notary Public Signature	Commission number: _____

SUPERVISED ACTIVITIES

I give _____ who is in the ____ grade, permission to leave Lawton Christian School for all school sponsored activities. I realize that I will be informed of all activities in advance.

Disclaimer:

Thereby agree to hold Lawton Christian School harmless of any injuries sustained or loss of property by/to my student during Lawton Christian School activities.

I give my student, _____, permission to travel to all Lawton Christian School sponsored activities, unless I contact the office to the contrary. I understand that my student is expected to take part in school activities.

Parent/Guardian: _____ Date: _____

** In order to save time (yours and ours), we are asking you to sign one field trip permission slip for all field trips for the year. We will still be notifying you of field trips in advance. You are not obligated to let your child attend any field trips, but please give at least 24 hour notice if your child will not be able to attend. We do not have any staff available to care for your student if they do not accompany their class on a field trip; so we ask that you make other arrangements for them.