

## REGISTRATION CHECKLIST

Registration forms and fees must be handed in by noon on the Thursday before the week of actual enrollment. This gives teachers and staff time to prepare for your child's arrival the following week. **Registration is not complete until all the following forms and fees are submitted. Please check with the Principal's office to be sure that we have an opening for your child before submitting paperwork.**

**Child's name** \_\_\_\_\_

**Enrollment Date** \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

\_\_\_\_\_ Enrollment application completed (all blanks)  
\*Parent Commitment signed  
\*All information is complete  
\*Emergency contacts must be within a reasonable driving distance of the school. Addresses as well as phone numbers are required.  
\*Notarized Medical Release Form  
(Can be notarized in the school office)

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Physical (less than 12 months old) -- Yellow Form

\_\_\_\_\_ FL Immunization Record -- Blue Form

# LIBERTY CHRISTIAN SCHOOL

9401 4TH STREET NORTH, ST. PETERSBURG, FL 33702

[www.libertychristiansch.net](http://www.libertychristiansch.net)

(727) 576-9635 ext. 127 or 128

## APPLICATION FOR REGISTRATION KINDERGARTEN THROUGH FIFTH GRADE

### OFFICE USE ONLY

Date Rec'd \_\_\_\_\_

Teacher \_\_\_\_\_

App. Fee \_\_\_\_\_

Physical \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Immunization \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Applicant's legal name \_\_\_\_\_  
Last First Middle Name Used

Current grade \_\_\_\_\_ Applying for grade \_\_\_\_\_ Projected date of entrance \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ Male Female Race \_\_\_\_\_

Applicant lives with (check all that apply): Check any that apply: Applicant's

Father  Stepfather  Other  Father is deceased  Parents are separated  
 Mother  Stepmother  Other  Mother is deceased  Parents are divorced

Father/Legal Guardian Information

Mother/Legal Guardian Information

Name \_\_\_\_\_  
Last First

Name \_\_\_\_\_  
Last First

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

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

City State Zip

City State Zip

Home/Cell \_\_\_\_\_

Home/Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_ S.S.# \_\_\_\_\_

Phone \_\_\_\_\_ S.S.# \_\_\_\_\_

Please star (\*) the address (es) to be used for all correspondence about the applicant.

People to notify in case of an emergency (when parents can't be reached):

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_

List names of persons with permission to remove child from school (in addition to parents):

\_\_\_\_\_

\_\_\_\_\_

Do other children in the family attend LCS yes no If so please list names and grade levels.

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School applicant is attending or last attended: \_\_\_\_\_

	Name	Phone
Street	City	State
		Zip

Attendance dates: \_\_\_\_\_ Grades: \_\_\_\_\_

Has applicant ever been retained? yes no Comments \_\_\_\_\_

Has applicant ever skipped a grade? yes no Comments \_\_\_\_\_

Has student ever been tested for a learning difficulty? yes no (If yes, please discuss the results and include a copy of the report.)

\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been enrolled in a special program or special education program (A.D.D., etc.)?  
yes no If yes, please explain.

\_\_\_\_\_

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Has your son/daughter ever been referred for or received psychological or personal counseling?  
yes no If yes, please describe.

\_\_\_\_\_

Has this student had a discipline problem? yes no If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Has he/she had an attendance or tardiness problem? yes no If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Has this student ever been suspended, expelled, or withdrawn from any school for any reason?  
yes no If so, please give the name of the school, year, contact person, and nature of the problem.

\_\_\_\_\_

What special needs does he/she have which the school should be aware of? \_\_\_\_\_

\_\_\_\_\_

Is there a language other than English spoken in the home? yes no If yes, please list.

\_\_\_\_\_

**HEALTH BACKGROUND**

Does the applicant have a physical health problem of which the school should be aware? (This may include special diet, prescriptions, surgeries or limitations of normal activities.)

\_\_\_\_\_

If your child has allergies, please list those things to which he/she is allergic. \_\_\_\_\_

Does he/she wear glasses? yes no If yes, when are they needed? \_\_\_\_\_

Does the applicant take medication regularly?  yes  no If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS BACKGROUND**

Father: Religious preference \_\_\_\_\_ Mother: Religious preference \_\_\_\_\_  
Church \_\_\_\_\_ Church \_\_\_\_\_  
Member yes no Member yes no

What church are you now attending? \_\_\_\_\_ Regularly? yes no

**IN CONCLUSION**

We first learned of LCS through: (Please check only one)  
 Student(s) currently enrolled  Phone book  Sign on 4th St. N.  
 Parents of LCS student  Minister  Newspaper  
 Other - please explain \_\_\_\_\_

The two factors most influencing us to apply to LCS: (Please check only two)  
 Location  Christian teaching  Discipline  
 Academic reputation  Advantages of a small school  
 Other - please explain \_\_\_\_\_

Name of all grandparents:

\_\_\_\_\_  
Name Address City State Zip

\_\_\_\_\_  
Name Address City State Zip

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**PARENTAL COMMITMENT TO LIBERTY CHRISTIAN SCHOOL**

1. In signing this application I/we acknowledge commitment to the following:
  - a) To accept teacher and administrative authority.
  - b) To support the Christian philosophy of education as taught at LCS.
  - c) To support LCS policies as stated in this application and the student handbook.
  - d) To make tuition payments on schedule for the current school year.
2. If I/we choose to withdraw or are requested to withdraw the applicant from the school we are responsible to pay the tuition and any balance of fees.
3. I/we understand that all records (ex. medical) will be retained by the school until accounts are paid in full.
4. The applicant may participate in scheduled field trips.
5. I/we will provide fresh and whole grained foods when possible for lunches, and will use fruit juices or milk as a lunch beverage.
6. I/we give permission to consult the child's physician/health resource listed in case of emergency if parent cannot be reached. I/we have received a copy of the childcare facility brochure and a copy of the center's discipline policy.
7. I/we have received a copy of the LCS handbook.
8. Primary hours of care provided by LCS for my child are: From \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.
9. All information provided the school is complete and accurate.

.....  
\_\_\_\_\_  
Father or Legal Guardian Date Mother or Legal Guardian Date

**Note:** If the student lives with both parents, both parents must sign.

**LIBERTY CHRISTIAN SCHOOL**

9401 4<sup>th</sup> Street North, St. Petersburg, FL 33702

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**MEDICAL RELEASE FORM**

**TO WHOM IT MAY CONCERN:**

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, \_\_\_\_\_ Birth Date \_\_\_\_\_ School Grade \_\_\_\_\_ in event of an emergency, provided such treatment is imperative, and I cannot be contacted. I also give my consent for said child to be transported by ambulance if the situation warrants.

Name of family physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital preference \_\_\_\_\_

State any specific allergies, disabilities, or restrictions \_\_\_\_\_

Date of last DPT or tetanus \_\_\_\_\_ Does the student receive medication? \_\_\_\_yes \_\_\_\_no

Type and reason for medication \_\_\_\_\_

Name of medical insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of Family dentist \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ No dentist, see doctor

Father/Legal Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Mother/Legal Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Emergency Person's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
(other than parent or legal guardian) Home/Cell Phone \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

**STATE OF FLORIDA - COUNTY OF \_\_\_\_\_**

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_  
(print name of signer)

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC  
SEAL OF OFFICE:

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

Personally known to me, or  
 Produced identification: \_\_\_\_\_

(Type of Identification Produced)

DID take an oath, or  DID NOT take an oath.