

LIBERTY CHRISTIAN SCHOOLS

3782 Churn Creek Road
 Redding, California 96002
 (530) 222-2232

Today's Date _____ Applying for grade **K** School Year _____

Student's Name _____

Age _____ Birth Date _____ Birthplace _____ City _____ State _____

Age _____ Birth Date _____ Birthplace _____ City _____ State _____

Age _____ Birth Date _____ Birthplace _____ City _____ State _____

Social Security # _____ Phone _____

Certified Birth Certificate (Kindergarten Students)**PARENTS/GUARDIANS INFORMATION****Student resides with:**

Parent #1 Name _____ **Relation to student** _____

Home Phone # _____ Cell Phone # _____ Pager # _____

Residence Address _____

Street _____ City _____ Zip _____

Mailing Address (if different) _____

Street _____ City _____ Zip _____

Occupation _____ Employer _____ Phone _____

Employers Address _____

Street _____ City _____ Zip _____

Church Affiliation _____ Member? _____

City _____

Parent #2 Name _____ **Relation to student** _____

Home Phone # _____ Cell Phone # _____ Pager # _____

Residence Address _____

Street _____ City _____ Zip _____

Mailing Address (if different) _____

Street _____ City _____ Zip _____

Occupation _____ Employer _____ Phone _____

Employers Address _____

Street _____ City _____ Zip _____

Church Affiliation _____ Member? _____

STUDENT INFORMATION

Student's Church Affiliation _____ Member? _____

City

Church Attendance: Regular _____ Occasional _____ Never _____

Sunday School: Regular _____ Occasional _____ Never _____

Youth Group: Regular _____ Occasional _____ Never _____

Pastor _____ Youth Pastor _____

School last attended _____ Phone _____

Address _____

City State Zip

Principal _____ Counselor _____

Please circle the areas that are of interest to your student:

art music academics social athletics

Has the student had problems in school with regard to:

____ social adjustment ____ discipline ____ academic ____ other (please explain)

Has the student been in any difficulty with civil or juvenile authorities? _____ If so, please explain.

Who referred you to our school? _____

Are you applying for the admission of all your children of school age? _____

If not, why? _____

Please state briefly the basic tenets of your personal religious convictions: _____

Grandparent's Name (Mother's parents) _____

Address City State Zip

Grandparent's Name (Father's parents) _____

Address City State Zip

For the safety and best interest of the student, if there are legal agreements that involve taking the student to and from school or restrictions of visitation/custody, we must have these documents in the students record.

All immunizations for entering school must be current at time of entrance.

A Certified Birth Certificate must accompany this application for student's entering Kindergarten or entering school from out of state. A copy of this document will be made by the school office for the student's file.

Parent Signature

Parent Signature

We understand the registration fee is non-refundable

Parent Initial

Parent Initial

LIBERTY CHRISTIAN SCHOOLS
STATEMENT OF COOPERATION

FOR NEW PARENTS AND STUDENT ENROLLEES: Please read the entire Handbook for Parents and Students before signing the application forms. This will give opportunity for any questions to be answered by the administration before a misunderstanding arises. Please read especially the section on "Privilege of Attendance."

FOR RETURNING PARENTS AND STUDENT ENROLLEES: Please review your Handbook before signing the application form and signature line below.

FOR ALL PARENTS - PLEASE READ THE FOLLOWING: Upon acceptance of the student described on the attached application, we hereby agree to accept all rules and regulations of the school and authorize the school administration to exercise such disciplinary measures as may be deemed necessary and proper. If the circumstances are such that routine discipline is insufficient, we understand that the administration reserves the right to administer corporal punishment.

We will give active support to the school program in every way and strive to be regular in attendance at parent meetings and other school functions to which parents are invited.

We agree that our child may participate in all regular school functions including field trips away from the school premises, and we absolve the school from liability to us or our child because of any injury which may occur to our child at school or during any school activity.

We understand that the school reserves the right to dismiss any student who does not respect and maintain the school's spiritual and academic standards.

We have read the religious instruction section of the student handbook and agree to these concepts being taught to our child.

We agree that if our child should become involved in any trouble or if we disagree with any policy set by the school, we will in no case complain to any other party, and in the spirit of meekness, will register only necessary complaints with the teacher or administration (Matthew 18:15-17). If the complaint is with a teacher, we will go directly to that teacher before taking the complaint to the administration.

We understand that assessments will be made to cover damage to school property (including window breakage, abuse of books, etc). We understand also that some fees may be charged for courses or activities that require extra financial expense.

We agree to pay all of our financial obligations to Liberty Christian Schools on or before the due date. Financial obligations shall include, but are not limited to, tuition as set forth in the tuition schedule. We understand that our annual tuition is payable in ten (10), eleven (11), or twelve (12) equal monthly installments. The first tuition payment is **always due on August 1st**.

We understand that all tuition payments are due and payable on the first of each month, after which a 10% late fee will be assessed on the unpaid balance for payments not made by the 15th of the month.

We understand that the Registration Fee is non-refundable.

Father's Signature

Mother's Signature

**LIBERTY CHRISTIAN SCHOOLS
STUDENT HEALTH RECORD**

PLEASE PRINT THE REQUESTED INFORMATION BELOW.

Date: _____

Student's Name: _____
Last
First
Middle

Grade: _____ Sex: _____ Birth Date: _____ Social Security: _____

PAST MEDICAL HISTORY

	Yes	No	Date		Yes	No	Date
Asthma				Tuberculosis			
Chickenpox				Rheumatic Fever			
Mumps				Heart Trouble			
Scarlet Fever				Sore Throats/Frequent Colds			
Whooping Cough				Ear Trouble			
Pneumonia				Hay Fever/Allergies			
Infectious Hepatitis				Allergic to any Medications			
Epilepsy/Convulsions				Diabetes			
Allergic to Bee Stings				Other			

Surgery, injuries or allergies that require medication at school _____

Does your child stutter, stammer or lisp? Yes ___ No ___
 Does your child have a physical handicap? Yes ___ No ___
 Does your child have a hearing difficulty? Yes ___ No ___
 Does your child wear glasses? Yes ___ No ___ Reading only? Yes ___ No ___ Last Exam? _____
 Does your child wear contact lenses? Yes ___ No ___
 Has your child ever been hospitalized overnight? Yes ___ No ___ Date: _____
 For what? _____

Has your child ever had surgery? Yes ___ No ___ Date: _____
 Type of surgery? _____

Should activity be restricted for any reason? (written Doctor's authorization required) _____

Is your child presently taking any medication? Yes ___ No ___
 Name of medication and reason _____

Do you have any health concerns you wish to discuss with the administration? Yes ___ No ___
 Explain _____

 Signature of Parent/Guardian

IMMUNIZATION AND HEALTH INFORMATION INSTRUCTIONS

Attached is information regarding health information and immunization requirements for your child entering Kindergarten, First and Seventh grade. For the well-being of your child, here is what you need to do to assure final acceptance for the coming school year:

KINDERGARTEN:

1. An original **Certified Birth Certificate** must be brought to the school office so a copy can be made for your child's file. This document verifies child's age.
2. Complete the "**Student Health Record**" form.
3. Check your **Immunization Record** (yellow card) that your physician or clinic has recorded dates of immunizations against the following state requirements for:
 - Polio
 - Diphtheria, Tetanus, and Pertussis
 - Measles, Mumps, Rubella (MMR)
 - Hepatitis B
 - Varicella (Chicken Pox)
4. When immunizations are current, bring yellow card for verification and all completed forms to school office.
5. If you have questions regarding immunizations, please refer to the attached **Guide to the Requirements of the California School Immunization Law** or call the school office 222-2232.