

**Excel. Serve. Honor God.** Operated by the Seventh-day Adventist Church

## APPLICATION FOR ADMISSION

Applicant's Name \_\_\_\_\_  
(First)
Middle
Last
Preferred Name

<input type="checkbox"/> 5 day Pre-K <input type="checkbox"/> 3-day Pre-K <input type="checkbox"/> 2-day Pre-K	<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	Grading Entering	<input type="checkbox"/> M	<input type="checkbox"/> F
<i>This is for pre-Kindergarten and Kindergarten. Pre-K is only half day, 8:15-12:00</i>			<i>Gender</i>	

Age	/ /	Place of birth	US Citizen	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>Date of Birth mm/dd/yyyy</i>					

Ethnic Background	Primary Language spoken at Home
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Has the student been baptized?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Date	/ /	Where?	
				<i>mm/dd/yyyy</i>	<i>Name of Church, City, State</i>	

Student's home Phone		Student's Cell	
<i>if student does not have a cell number put N/A</i>			

Student's Email address	
<i>if student does not have an Email address put N/A</i>	

Student's Health Concerns (Takes medication regularly, wears glasses or contacts, hearing problems, allergies, diabetic, etc.)  
 Describe: \_\_\_\_\_

Does your child have any physical conditions which would hinder him/her from carrying a full academic load? If yes, please explain. \_\_\_\_\_

Student's Last School Attended \_\_\_\_\_ Date Last Attended \_\_\_\_\_

Does the student have an IEP? Yes No If yes, please submit a copy to the Registrar

Describe any disciplinary incidents within the past year that have involved the school administrator: \_\_\_\_\_

Is the student currently expelled or suspended from another school? Yes No If yes, please submit a written explanation.

Do you have student's proof of birth? Yes No Do you have proof of immunization for your child? Yes No

*OR State requires the above documents be on file before a child can attend/enroll in school.*

1) What characteristics of LCCS interest your family, and why do you feel that our school is a good match for your child?  
 | \_\_\_\_\_  
 \_\_\_\_\_

2) LCCS is dedicated to nurturing and encouraging students' intellectual, artistic, social, physical, and spiritual abilities. What are your child's strengths in these areas? | \_\_\_\_\_  
 \_\_\_\_\_

3) Please describe any learning disabilities your child may have and any accommodations they may need. | \_\_\_\_\_  
 \_\_\_\_\_

4) Describe your child's general nature (likes, dislikes, special interests, and abilities) | \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_(initial) **NON-REFUNDABLE REGISTRATION and FIRST MONTH'S TUITION**~ I understand the Registration and First month's tuition is non-refundable and non-transferable.

\_\_\_\_\_(initial) **Library & Textbook Lending** | I the parent agree that if any textbooks or library books assigned to my child become damaged, misused beyond normal wear and tear, or are lost, that I will pay the school for the replacement cost of the book.

\_\_\_\_\_(initial) **Due Process** | Rules and policies announced by the administration and board during the school year will take precedence over statements previously printed in the handbook.

\_\_\_\_\_(initial) **Consent to Testing** | I give permission for LCCS, or it's authorized representative, to test my child in order to determine academic progress and best serve his/her needs. (The range and scope of testing will be determined on an individual basis. If your child has had previous diagnostic testing, it is important for the school to have a copy of the results on file.)

\_\_\_\_\_(initial) **School Directory** | I understand that my name, address, and phone number will be put into a school directory. My child's name and grade will also be included. I understand that the school directory will be sent out via email, and is for current school families and staff only. I agree not to distribute this information to others.

\_\_\_\_\_(initial) **Photo/Video Release** | I hereby grant LCCS and its employees, agents and assigns, the right to photograph my dependent and use the photo, derivatives, and/or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the internet. Furthermore, I assign the rights for any recording, be it audio and/or visual, to be used in the same manner as the aforementioned photographs. Example: Website, PR, wall posters, etc.

\_\_\_\_\_(initial) **Disclaimer** | Lincoln City Adventist School reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only. This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.

**Parent Contract** | We are in agreement with the objectives, standards, and policies of Lincoln City Adventist School. We (I) will support the school and staff, and upon acceptance I accept full financial responsibility for the above student. We (I) affirm that the information provided in this application is true to the best of our (my) knowledge. You will be notified of your child's acceptance status.

Parent/Guardian Signature | \_\_\_\_\_ | Date | \_\_\_\_\_

Parent/Guardian Signature | \_\_\_\_\_ | Date | \_\_\_\_\_