



REGISTRATION

School Year: _____ Grade: _____ **A**

Student Last Name: _____ First: _____ Middle: _____

Office Use Only Check #: _____ Date: ___/___/___ Amount: _____ Rec'd by: _____
 State Student Number: _____ LPCS Student Number: _____ Nickname: _____

Section A. Student Information

Birthdate: / /

Biological Gender: M F

Ethnicity: If Multi-racial, please check all that apply:
 White Hispanic American Indian
 Black Asian/Pacific Islander

Section B. Student Address/Custodial Information

Street Address: _____

City: _____ State _____ Zip _____

Legal Guardian: Both Parents Bio Father Bio Mother Other
 Resides with: Both Parents Bio Father Bio Mother Other

Marital Status:
 Married Single Widowed Separated Divorced

Release to Non-Custodial Parent: Yes No
 If no, court documentation required upon acceptance.

Section C. Biological Father's Information

Name: _____ Date of Birth: / /

Phone Home: () - Cell: () -
 number's Work: () -

Employer: _____
 Position: _____

Section D. Biological Mother's Information

Name: _____ Date of Birth: / /

Phone Home: () - Cell: () -
 numbers Work: () -

Employer: _____
 Position: _____

Section E. Permissions & Information

Can be interviewed/photographed by media? Yes No

Name/photo on LPCS social media/newsletters? Yes No

School District you currently live in: _____

School your child would attend: _____

Section F. Medical Information

Physician: _____ Phone# () -

Dentist: _____ Phone# () -

* Please see medical information & releases on reverse side.

Section G. Emergency Information (Local contacts other than biological parents)

Name	Relationship	Phone Number	Phone Type
Contact 1:			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Contact 2:			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Section H. School Communication: This information is used to contact you in the event of a delay, cancellation, or special announcement.

Primary Phone : () - Primary Email Address: _____

Secondary Phone : () - Secondary Email Address: _____

I. Church Information

Pastor's Name: _____

Church Name: _____

Address: _____

Phone: _____

J. Certification

We certify that we are the legal parents or guardians of this student and that the information represented herein is complete and accurate. We further understand and agree to the Field Trip Permission, Medical Policies and Releases on the **reverse side** of this document. We accept financial responsibility for the tuition and fees associated with my student's enrollment. We understand and agree to abide by the billing procedures. We agree that all references provided on my student and family by pastors, schools, or any other person or entity shall be kept confidential by the school. We agree that we do not have a right to review these references. My signature affirms that my choice to apply and have my child potentially attend LPCS, is based solely on the desire to provide my child a Christian education based on Biblical truth.

K. Referral Information

How did you hear about Lakewood?
 ___ Newspaper/Mag ___ Early Learning Ministry ___ Church
 ___ Radio ___ Website ___ Mailing
 ___ Billboard Other: _____

Whom may we thank for your referral?

Biological Father/Legal Guardian Signature	Date	Biological Mother/Legal Guardian Signature	Date
<input type="checkbox"/> Financial Obligent		<input type="checkbox"/> Financial Obligent	

I understand that my \$100 registration fee is non-refundable if I voluntarily withdraw my child's application from LPCS. If my child is not accepted, \$50 will be refunded to me. Please initial _____

Student Name: _____ **Date signed:** _____

General Medical Policies

Parents will be notified and expected to pick up students who have a temperature of 100 degrees or above, are vomiting, have diarrhea, or excessive coughing. Students with any of these symptoms before school in the morning should stay at home for 24 hours to fully recover and be eating normally. Children suspected of pink eye will be referred to a doctor. A positive diagnosis of pink eye must be treated for 24 hours before returning to school.

All medicine must be kept in the nurse's office. JR & SR High students may carry emergency meds with a permit from their physician on file in the nurse's clinic. Prescription medications sent to school must be in the original container and have a pharmacy label or physician's prescription with the student's name, medications, and dosage information. A Student Medication Permit signed by the parent is also required. These are available in the office and must include the following information: Student name and grade, medication name, dosage, times to be given and condition, parent signature and date.

Medical History

Allergies - Causes: _____ **Symptoms:** _____

Medicines used: _____ Please see school nurse for allergy care plan.

Drug Allergies: _____

Asthma - Causes: _____ **Symptoms:** _____

Medicines used: _____ Please see school nurse for care plan.

Chronic or existing medical problems: _____

Medications taken daily: _____

I understand that I will be called if my child is ill. However, many minor headaches or stomach upsets can be helped sufficiently with an age appropriate dose of Advil, Tylenol, or Tums.

(Generics may be substituted. The recommended dosage cannot be exceeded without a physician's order)

Medical information is considered confidential and only shared with staff on an "as needed" basis.

My child may be treated with (please v): Advil (ibuprofen) Tylenol (acetaminophen) Tums
 Cough Drops Triple Antibiotic Ointment Hydrocortisone Cream

Parent Military Service

I am a member of: the armed forces of the United States, active duty Father Mother; the reserve component of a branch of the armed forces of the United States Father Mother; the National Guard Father Mother

General Medical Release

I give permission for my/our child to take part in all school activities, including sports, physical education, and school-sponsored trips away from the campus, and absolve Lakewood Park Christian School (LPCS), Auburn, IN from all liability to me or my child because of any injury to any student, parent or volunteer at any school activity. We agree to take no legal action against the school or church because of any accident, mishap, or treatment received.

I understand that LPCS will in no way assume the responsibility for any injuries sustained to any student, parent or volunteer while traveling to/from or participating in any sports or field trip activity.

I also understand that every effort will be made to contact me first, but I hereby authorize Lakewood Park to consent to medical treatment for my child as deemed necessary by a licensed physician or surgeon with privileges to practice.

CHIRP Immunization Information Release

I give permission for Lakewood Park Christian School to release immunization information to the Children's and Hoosier's Immunization Registry Program (CHIRP) for the purpose of submitting the Indiana Dept. of Education and Health School Report as required by all Indiana Schools. This includes the student name, date of birth, immunization information, grade, parent name, and school name. This information verifies proper immunization. This information is available to a healthcare provider, health department, Indiana schools, office of Medicaid, and universities. Other entities may be added to this list in the future through amendment- IC 16-38-5-3.

Biological parent/legal guardian initials: Yes _____ No _____

Field Trip Permission

I hereby give my permission for my child to accompany his/her class at Lakewood Park Christian School on field trips approved by the administration of Lakewood.

In signing this request, I acknowledge the following things to be true:

I will be given details of each field trip by the teacher or school staff. I will notify the teacher or school staff in writing if I do not give my permission for my child to participate in a specific field trip. If Lakewood does not receive anything in writing from me, it can be assumed that I have given my permission.

Reasonable supervision and adequate chaperones will be furnished by the school, which will consist of teachers and/or parent volunteers from the group involved.

I assume the responsibility for his/her insurance coverage and/or the cost of any treatment(s) received.

I understand that every effort will be made to reach me in the event of an emergency, however, I hereby authorize the bearer of this field trip permission form to act in my place and authorize emergency medical treatment should it become necessary and school officials are unable to contact me.

I will not hold school personnel responsible if efforts to contact me are unsuccessful.

I understand that Lakewood Park Christian School of DeKalb County, IN, or any member of its faculty, staff, or any volunteer chaperone, or bus driver will in no way assume the responsibility for any injuries sustained to any student traveling to, from, or participating in scheduled field trips.