

STUDENT APPLICATION FOR ADMISSION – 2019/2020

For Identity Security, DO NOT Email Completed Form. Submit in Person OR via USPS

Instructions: The following is an application for admission to Living Water Christian School. Please print legibly and fill in All spaces to the best of your ability. All information disclosed will be kept in the strictest confidence.

STUDENT INFORMATION (Please **PRINT** clearly)

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ___/___/___ Male: ___ Female: ___ Social Security # (12th grade only-required for official transcripts): _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Last School Attended (Name, City & State): _____ Grade: _____

Child Lives with: Father: ___ Mother: ___ Stepfather: ___ Stepmother: ___ Legal Guardian: ___ Other: _____

PARENT/LEGAL GUARDIAN INFORMATION

Mother/Guardian's Name: _____ Employer: _____

Mother/Guardian's Work #: _____ Mother/Guardian's Cell #: _____

Email: _____ *Mother may pick up the child? Yes ___ No ___

Father/Guardian's Name: _____ Employer: _____

Father/Guardian's Work #: _____ Father/Guardian's Cell #: _____

Email: _____ *Father may pick up the child? Yes ___ No ___

Church now attending: _____

STUDENT HISTORY

Has the student ever had any serious learning/discipline problems in school? NO _____ YES _____ If yes, please explain:

Has the applicant ever repeated a grade? NO: ___ YES: ___ What grade? _____ If yes, please explain:

Does the applicant have any learning disability, mental or physical handicaps or IEP? NO _____ Yes _____ If yes, please explain:

Are there any school or family situations the school should be aware of? (*joint custody arrangements, etc.*)

EMERGENCY CONTACTS (Other than Parents/Guardians):

1. Name: _____ Telephone: _____ Cell #: _____

2. Name: _____ Telephone: _____ Cell #: _____

3. Name: _____ Telephone: _____ Cell #: _____

4. Name: _____ Telephone: _____ Cell #: _____

Please notify the names listed above, if the school calls them, they must come immediately to the school.

MEDICAL INFORMATION

Health Insurance Company Name and Policy #: _____

Physician _____ Telephone # _____

Is a signed medical release to treat your child(ren), in case of emergency, on file with Living Water Christian School? YES: ___ NO: ___

Does Living Water have your child's medical report/exam on file? YES: ___ NO: ___
(School has it's own physical forms in the office)

Are Immunizations current? YES: ___ NO: ___

Does Living Water have a copy? YES: ___ NO: ___

May we give your child the following?	<u>PLEASE CHECK</u>	<u>INITIAL ALL</u>
*Tylenol or Generic brand Acetaminophen	YES ___ NO ___	_____
*Ibuprofen	YES ___ NO ___	_____
*Cough Drops	YES ___ NO ___	_____
*Clean cuts, scrapes with water	YES ___ NO ___	_____
*Put Hydrocortisone cream on insect bites, rashes	YES ___ NO ___	_____
*Put Neosporin on small cuts, scrapes, insect bites, rashes	YES ___ NO ___	_____
*Apply Vaseline to chapped areas	YES ___ NO ___	_____

Are there any physical conditions or allergies the school needs to know? YES ___ NO ___
If yes, please list all. If conditions or allergies are severe, please complete a school medical alert form.

Does your child take any prescribed medication daily? YES: ___ NO: ___
*If yes, what is the name of the medicine and dosage?

**Before medication is brought to school, see Student Handbook and the office for the proper form to fill out.*

Is the student allergic to any "over the counter" drugs? YES: ___ NO: ___
If yes, please list all _____

Is there any medical reason that the student cannot participate in Physical Education? YES: ___ NO: ___
List reasons: _____

I am aware that my student must have a doctor's exam/release to participate in sports. YES: ___ NO: ___

I am aware that it is my responsibility to read, review and abide by the Student Handbook. YES: ___ NO: ___

PICK-UP PERMISSION - Other than Parents/Guardians

I understand that the pick-up cards issued to me are my responsibility to control. I am aware that anyone possessing these cards may pick-up my child without the school questioning them.

The following individuals may pick-up my child with a pictured **Identification Card** and without a Pick-Up Card:

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____
4. Name: _____ Telephone: _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Living Water Christian School admits students of any race, color, nationality and ethnic origin to all 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, nationality, or ethnic origin in administration of its educational policies, scholarships and loan programs, and athletic and all other school administered programs.

Financial Contract: 2019/2020 School Year

Tuition	\$3,250.00	K3 - 12 th Grade: \$325/month – Aug 15 – May 15
Registration Fees	\$ 100.00	New Students
	\$ 75.00	Returning Students
Book Fee	\$ 275.00	K3-8th Grade
High School Course Fee	\$ 75.00	Per course: # courses ____ x \$ = \$ _____
Material Fee	\$ 85.00	All Students: <u>K3-12th</u>
Locker Fee	\$ 15.00	<u>Grades 4th -12th</u> : Lock included (\$15.00 fee for lost or broken lock)
Parking Pass	\$ 10.00	Student Drivers: <i>Place Pass on back window right side</i>

Sports Fee	\$ 100.00	Per sport
Graduation Fees K4 & K5	\$ 50.00	Due April 1: Includes Cap, Gown, Tassel & Diploma
High School Graduation Fee	\$ 100.00	Due April 1: Does not include Cap, Gown & Tassel
Walk-A-Thon Fee	\$ 225.00	1 st Student: Due by May 1st
	\$ 125.00	2 nd Student: Due by May 1st
	\$ 50.00	3 rd Student: Due by May 1st

***Please read carefully and initial:**

- ____ Registration Fee, Book Fee, Material Fee, Locker Fee and Parking Fee are due at Registration.
____ All Fees are non-refundable except in case of class cancellation.
____ Tuition is due the 15th of every month.
____ Extended Care is due the 15th of the month.
____ Walk-A-Thon Fee is due by May 1, 2020.

____ **NOTE: There is a two (2) month processing fee for early withdrawal for Military PCS orders before the end of the 2019/2020 school year with a copy of military orders.**

____ **NOTE: There is a two (2) month processing fee for students whose parents provide a letter from their employer stating their job transferred out of the area.**

____ **NOTE: Full Tuition, in its entirety, and all Fees including Walk-a-thon are due immediately if parents voluntarily withdraw students before the end of the current school year.**

____ **NOTE: It is required that Parents/Guardians read and sign a Statement of Cooperation.**

LATE FEES:

- ____ Tuition payments received after the 20th of the month will incur a \$15.00 Late Fee.
____ Extended Care payments received after the 20th of the month will incur a \$10.00 Late Fee.
____ Required Walk-a-thon amounts received after May 5th will incur a \$20.00 Late Fee.

TUITION DISCOUNTS:

- 10% Discount for 2nd Child: \$2,925.00 (\$292.50 per month)
20% Discount for 3rd Child: \$2,600.00 (\$260.00 per month)
50% Discount for 4th Child: \$1,625.00 (\$162.50 per month)

Financial Contract: 2019/2020 School Year

1. We agree to enroll our child(ren) in Living Water Christian School for the current school year and agree with the following policies as they apply to the following fees:

REGISTRATION FEES: \$100.00 for New Students. \$75.00 for Returning Students.

LOCKER FEES: \$15.00: LWCS locks are included. There is a \$15.00 Fee for lost or broken LWCS issued locks.

SPORTS FEES: \$100.00 per sport.

BOOK FEES: \$275.00 for K3-8th Grade; \$ 75.00 for each High School course (9-12)
~ All non-consumable books are property of Living Water Christian School.
~ All books will be ordered through Living Water Christian School.

MATERIAL FEE: \$85.00

WALK-A-THON FEE: \$225.00 for first child;
\$125 for second child;
\$50 for third child. A \$20.00 Late Fee is due after May 5th

TUITION FEES: Tuition fees are paid in 10 installments, August 15–May 15.

~ All monthly installments are due on the 15th of each month.

~ Payments received after the 20th of the month will incur a \$15.00 late fee

NOTE: Tuition is to be paid in full if parents willingly withdraw students early. This is not a monthly contract but a binding contract for the full tuition amount of \$3,250.00 (K3–12th). Parents with a job transfer or PCS orders will be assessed a two (2) month processing fee and must pay all required fees (including Walk-a-thon). A letter stating a job transfer out of the area on Employer Letterhead or a copy of PCS Orders is required.

2. We understand that student records will be held by School Administration until all accounts plus late charges are paid in full.

3. As per the Statement of Cooperation, any account is considered delinquent 5 days after the due date, and if all delinquent payments have not been brought up to date after 10 days have elapsed, the student will be suspended until full payment has been made.

4. Children are responsible to bring their own lunch, morning snack & an afternoon snack if attending After-School Care. It is required for every student to have a lunch. Milk/Soda/Juice/Water or Drink Cards may be purchased at the school.

5. *Opportunity Scholarship (OS) Recipients: If you receive assistance from Opportunity Scholarship and withdrawal from LWCS, they will not pay the remaining balance of the full financial contract. The undersigned is still responsible for the remaining balance not paid by OS.

x _____
Father/Guardian's Signature

Date

x _____
Mother/Guardian's Signature

Date

Student Name

Student Name

Student Name

Student Name

Student Name

Student Name

Living Water Christian School admits students of any race, color, nationality and ethnic origin to all 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, nationality, or ethnic origin in administration of its educational policies, scholarships and loan programs, and athletic and all other school administered programs.

Authorization For Emergency Care Of Minor

Student's First Name: _____ M.I. _____ Last Name: _____

Home #: ____ - ____ - ____ Father's Mobile #: ____ - ____ - ____ Mother's Mobile #: ____ - ____ - ____

Father's Work #: ____ - ____ - ____ Mother's Work #: ____ - ____ - ____ Home #: ____ - ____ - ____

Primary Physician Name: _____ Address: _____ Phone #: ____ - ____ - ____

Primary Dentist Name: _____ Address: _____ Phone #: ____ - ____ - ____

Health Insurance Company: _____

Policy Holder's Name: _____ Policy #: _____

In case of emergency, illness or accident the child is given first aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the Emergency Room. Living Water Christian School does not assume responsibility for the payment of any medical fees.

I/We, the undersigned, parent(s) or legal guardians of the minor listed below:

Minor's Name	Date of Birth
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Do hereby authorize any x-ray examinations, anesthetic, dental, medical or surgical diagnosis or treatment by any Physician or Dentist licensed by the State and hospital service that may be rendered to said minors under the general, specific or special consent of an acting agent of the school, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of the Physician or Dentist, or at a hospital licensed by the State. I/We authorize the Physician or Dentist to call in any necessary consultants, in his/their own discretion. We further authorize said Physician or Dentist to exercise his/their discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said Physician or Dentist to exercise his/their best judgment as to the requirements of such diagnosis of medical, dental or surgical treatment.

TO BE SIGNED AND WITNESSED DURING REGISTRATION

This consent shall remain effective for the duration of the student's enrollment at Living Water Christian School unless sooner revoked in writing, delivered to said Physician or Dentist of the said persons entrusted with the custody, care and control of said minor children.

Date	Father/Guardian Print Name	Father/Guardian Signature
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Date	Mother/Guardian Print Name	Mother/Guardian Signature
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Date	Witness Print Name	Witness Signature
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STATEMENT OF COOPERATION

1. We agree to support and read the spiritual, academic, moral, dress, and discipline standards of Living Water Christian School as established in the Student Handbook.
2. In making application for my child(ren) to attend Living Water Christian School, I agree to:
 - Support to the best of my ability the ministry of the school through prayer and time.
 - Support the student's education by supervising assigned homework and keeping in regular contact with the student's academics through the online parent portal.
 - Support the Staff/Faculty in all school policies including policies in the Student Handbook.
 - We understand it is our responsibility to have the student pickup card with us when picking up our child(ren) and our responsibility to control the pickup cards issued to us. The school has my permission to allow my child(ren) to be picked up any individual that presents the student's pickup card.
3. I give permission for my child(ren) to participate in all activities, including school-sponsored trips away from the school premises, and absolve the school from any and all liability to me or my child because of an injury to my child(ren) at school or during any school activity away from the school premises. In case of an accident or serious illness, I request that the school contact me as time permits. If the school is unable to reach me, I hereby authorize the school to call my physician. The school is authorized to make decisions and arrangements to minimize injury to my child(ren).
4. I understand that North Carolina Law states that a student removed from the classroom before lunch will be counted as a full day absent. I further understand that 10 unexcused absences will require administration to report the absences to the District Attorney.
5. It is the school's earnest desire that possible misunderstandings never lead to anyone feeling it is necessary to pursue legal action. If a misunderstanding occurs, our family accepts the school's policy for reconciliation and arbitration other than trial by court.

Parent Signature

Date

Parent Signature

Date

Student Name

Student Name

Student Name

Student Name

LIVING WATER CHRISTIAN SCHOOL STUDENT HEALTH SERVICES

Permission for Prescribed Medication to Be Given During School Hours

*To Be Completed By Parent/Guardian:

Name of Student: _____ Grade: _____ Date: _____

I hereby give consent for the school staff to administer this medicine to my child according to the physician's following directions. The school office has my permission to contact the physician should there be any questions or concerns regarding the medication.

I understand that medicine will be delivered to a school personnel by a parent/guardian and that **students are not to transport medications.**

I understand that this prescribed medicine will be in the original pharmacy labeled container with identifying information (e.g., name of child, medication name, dosage prescribed and time of administration).

If this is an **over the counter medication**, the medication must be in the original, labeled container.

I hereby release Living Water Christian School and their agents and employees from any and all liability that may result from my child taking this prescribed medication and from any and all liability that may result from my child's self-medication.

Parent/Guardian (Print) _____ Signature _____

Date _____ Home #: _____ Cell #: _____ Work #: _____

To Be Completed By Prescribing Physician:

To help the student maintain school performance, it is necessary that the medications below be given during school hours:

Medication: _____ Strength: _____ Dosage: _____ Route: _____

Time(s) medication to be given at school: A.M. _____ P.M. _____

As Needed/PRN: _____ *Circumstances: _____

*(If medication is ordered as needed, please indicate the specific circumstances when medication should be given. Non-medical personnel may be administering the medication.)

Beginning Date: _____ Ending Date: _____

Reason for Medication: _____ Possible Side Effects: _____

Known Allergies: _____ Contraindications for Administration: _____

Emergency Medications:

For emergency medications, student **may/may not (circle one)** self-medicate.

If this is an emergency medicine, I certify that the student has been instructed by me in its proper use and needs to carry it at all times. Yes _____ No _____ N/A _____

For students with asthma: -The student has an Asthma Action Plan. Yes _____ No _____
-The student uses/has a Peak Flow Meter. Yes _____ No _____

Physician's Name (Stamp): _____ Phone #: _____

Physician's Signature: _____ Date: _____

THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR AND WHENEVER THERE IS ANY CHANGE IN THE MEDICATION.