



*Land O' Lakes*  
**CHRISTIAN SCHOOL**

*"Educating for Eternity"*

## Elementary Enrollment Guidelines

Dear Elementary Parents,

We would like to thank you for your interest in Land O' Lakes Christian School. Your student has reached an exciting time in his/her life. We here at LOLCS are looking forward to having the opportunity to work with you providing training for your student. We look forward to an exciting school year filled with many new opportunities.

### **Application Procedure**

1. Complete the Admission Application. Applications and application fees (non-refundable) will be accepted during the Open Enrollment period.
2. Schedule an interview with the Elementary Coordinator, Mrs. Smith. A brief history of the church and school will be presented along with a summary of the school's philosophy, standards, and policies. **Please bring report cards and achievement test results for the past two (2) years to the interview.**
3. LOLCS has a selective enrollment policy. Students with significant academic or behavioral concerns or major doctrinal differences may not integrate well into our school program. If we determine this to be the case, the application fee is fully refundable.

### **Enrollment Procedure**

1. Once the student has been accepted for enrollment, additional documents will be provided to the family to be completed prior to the start of school.
2. In the spring, your family will be contacted to arrange entrance testing.
  - The testing is used to identify the student's strengths and weaknesses; it is not a "pass or fail" exam.
  - The school administration will contact your family with the testing results and may offer suggestions for summer study to prepare the student for class.
  - The New Student Testing Fee is due at the time of the testing.
3. In addition, the following documents will be needed in order for your student to begin school in August:
  - Copy of Birth Certificate**
  - Student Health Exam Form (DH 3040 - original)**
  - Florida Certificate of Immunization (DH 680 - original)**

If you have any questions, the school office staff will be happy to assist you. We look forward to having the opportunity to meet with you personally.

# Admission Application 2017-2018

**Student Information**

Last Name:		First Name:		MI:	
Preferred Name:		SSN:		Gender:	<i>M F</i>
Date of Birth:	Age <i>(as of 9/1/17):</i>	Last School Attended: <i>(include city/state if not local)</i>			
Church Affiliation:		Student Cell:		Student Email:	

**Medical/Emergency Information**

Allergies:	Emergency Contacts <i>(other than parents)</i>																					
Medical Conditions/Special Needs:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 15%;">Name</th> <th style="width: 15%;">Relation</th> <th style="width: 15%;">Phone</th> <th style="width: 15%;">Name</th> <th style="width: 15%;">Relation</th> <th style="width: 15%;">Phone</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Relation	Phone	Name	Relation	Phone														
	Name	Relation	Phone	Name	Relation	Phone																

Preschool <i>(Please circle)</i>							Ethnicity <i>(optional)</i> :								
Time	Grade/Class <i>(Please circle)</i>	M	Tu	W	Th	F									
8:30 am-12:15 pm	<b>PK3</b> Check days attending (2-day, 3-day, or 5-day)						<input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White								
8:30 am-12:30 pm	<b>K4</b> <b>K5</b>	Monday-Friday													
12:30 pm-3:20 pm	<b>Kindergarten Enrichment (PKE &amp; KE)</b>														
Elementary & Secondary <i>(Please circle)</i>										Additional Programs					
Time	Grade/Class <i>(Please circle)</i>														
8:30 am-3:20 pm	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>	<b>6th</b>	<b>7th</b>	<b>8th</b>	<b>9th</b>	<b>10th</b>	<b>11th</b>	<b>12th</b>	7:00 am-8:00 am	Before School Care (BSC)	
													3:35 pm-6:00 pm	Extended School Day (ESD)	

**Family Information**

Address:	City/State/Zip:
Neighborhood/Subdivision:	Home Phone:

**Father's Information**

Last Name:	First Name:	MI:	Suffix:	Jr. Sr. III IV	
Preferred Name:	Title (circle):	Mr. Dr. Rev.	Email:		
Employer:	Work Phone:	Cell Phone:	Text?	Y	N
Church Affiliation:	Emergency Contact:	<input type="checkbox"/>	Authorized to Pick Up:	<input type="checkbox"/>	
Marital Status <i>(circle one)</i> :	<i>Married (1st Time)    Remarried    Divorced/Separated    Single    Widower</i>			Lives with Student:	Y N

**Mother's Information**

Last Name:	First Name:	MI:	Title (circle):	Mrs. Ms. Miss Dr.	Email:
Preferred Name:	Work Phone:	Cell Phone:	Text?	Y	N
Employer:	Emergency Contact:	<input type="checkbox"/>	Authorized to Pick Up:	<input type="checkbox"/>	
Church Affiliation:	<i>Married (1st Time)    Remarried    Divorced/Separated    Single    Widower</i>			Lives with Student:	Y N

### Additional Information

How did you hear about LOLCS? Internet Awana VBS Postcard Radio Ad: \_\_\_\_\_ Friend: \_\_\_\_\_

Why do you desire to enroll your student? \_\_\_\_\_

Does your student struggle academically and/or have any disciplinary problems? \_\_\_\_\_

Has your student ever been suspended/dismissed from school/daycare? \_\_\_\_\_

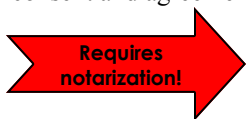
Application Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Releases

**Medical Release:** The undersigned, as parent/legal guardian of \_\_\_\_\_ (student), does hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by administrative personnel or agents of the First Baptist Church of Land O' Lakes/Land O' Lakes Christian School in the event of an emergency. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations and diagnostic procedures that may be deemed advisable by a qualified physician, physician's assistant, or emergency medical technician in the event of an emergency. NO action will be taken until an attempt is made to contact me at the telephone numbers listed below.

IN WITNESS of my consent and agreement to the matters stated above, I have subscribed my signature below.

State of Florida  
County of Pasco



Date \_\_\_\_\_  
Parent/Legal Guardian *\*(must be signed in the presence of Notary Public)*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Photographs:** Your student's photograph may be taken while attending school or a special event sponsored by Land O' Lakes Christian School. For liability reasons, it is requested that we have parental permission to publish your child's picture in any local newspaper or on the LOLCS web-site. Please circle YES or NO, and initial.

<b>YES</b> I give approval to publish.	<b>NO</b> Please do not publish.
<b>Initials:</b>	<b>Initials:</b>

**Parent/School Agreement:** In making application for my child, it is my desire for him/her to complete the school year. I assume full responsibility for all financial obligations of my child to the school, including payment for lost or damaged books. I understand that monthly tuition is due on the tenth day of the calendar month and is considered delinquent after the tenth of the month, at which time a \$20 late charge will be assessed to my account, and that my child is subject to suspension should my account become thirty days delinquent. I also understand that there will be a \$20 fee per check for any returned check.

The administration is hereby given full discretion in the discipline of my child. Dismissal may result at any time when my child demonstrates by conduct or attitude that he/she is not in harmony with the rules and regulations of the school. I understand and agree that the instructors and other school officials will guide the education of my child. I agree that my purpose in obtaining a Christian education for my child will be achieved by following the curriculum set by the instructors. To that end, I agree that I will require my child to perform all duties and responsibilities entrusted to him/her by the instructors or school officials to the best of his/her ability and to their satisfaction. I understand and agree that during my child's enrollment the courses offered and the instructors teaching them may change from time to time at the discretion of the school leadership.

I intend to fully support the school and its programs, administration and teachers. I will refrain from becoming a party to gossip about the school or its teachers. I will not make demands, threaten to sue, or actually litigate in any matter whatsoever against the school. In addition, I understand that my child will be taught Baptistic doctrine in accordance with *First Baptist Church of Land O' Lakes*. At no time will I show disrespect or disagreement to these doctrines within the classroom, school, or with other school families.

Signature (Father/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Mother/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

*Land O' Lakes Christian School admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admission policies, scholarships, or athletic and other school administered programs.*

#### Office Use Only

App. Fee	Admin. Interview	App. Complete/ Notarized	SUFS Letter Attached	DH3040 (Health)	DH680 (Imm.)	Birth Cert.	Folder	Roster/ New?	Head- Master	Distribution
Date Paid:	Date:									KM: cc app+orig. ck+PDF DCS: cc app+cc ck+cc PDF DN/DCS: purple folders
Amount:	Initials:									