

Jesus Is Lord Christian School

Registration Form

The Registration fee and this card must be returned to reserve a place for your child.

FOR OFFICE USE ONLY: Reg. Fee _____	Book Fee _____	Tuition _____		
Drop off Time _____	Pickup Time _____	Kinder Mat _____	Test Date _____	Test Scores _____
Birth Certificate _____	Immunization Form _____	SS Card _____	Release of Records _____	

Date: _____ Student's Date of Birth: _____ Age: _____ Gender: M__ F__

Social Security Number: _____ School Year: _____

New Enrollment: ___ Re-Enrollment: ___ Grade Student to Enter: _____

Student Name: (Last) _____ (First) _____ (M.I.) _____

Address: (Street) _____ (P.O. Box) _____

(City) _____ (State) _____ (Zip) _____ (Phone) _____

School Attended Last Year: _____

Circle Grades Previously Attended at *THIS SCHOOL*: K4 K5 1 2 3 4 5 6 7 8 9 10 11

Father's Name: _____

Email: _____ Cell Phone #: _____

Employer: _____ Position: _____ Phone: _____ Ext: _____

Mother's Name: _____

Email: _____ Cell Phone #: _____

Employer: _____ Position: _____ Phone: _____ Ext: _____

Are Parents Separated: _____ Are Parents Divorced: _____

If YES, who is the child's legal guardian? _____

If YES, with whom does the child live? _____

If parents cannot be reached, whom do we contact in an emergency? (*GIVE 2 CONTACTS*)

Name: _____ Phone: _____ Cell: _____

Email: _____ Relation to Student: _____

Name: _____ Phone: _____ Cell: _____

Email: _____ Relation to Student: _____

Please list anyone that may be picking your child up from school, other than the names previously listed. If a person picks up your child and their name is not on this form, your child will not be released to him/her. Please call the office if someone will be picking your child up that is not listed. If there is anyone that is not allowed to pick up your child, please indicate that below as well.

(Please See Reversed Side)

Grades Have Been: Superior____ Above Average ____ Average ____ Below Average _____

Has the student failed any grades? No _____ Yes _____ Which Ones _____

Your reason for selecting this school? _____

School Recommended By: _____

Church You Attend: _____

Student's Physician: _____ Phone: _____

Does your child have allergies or is your child allergic to Tylenol, any cough medicines, or over the counter medicines? _____

Are we permitted to give your child Tylenol, cough medicine, or any other over the counter medicine without contacting you first? No _____ Yes _____

Is there any other information we will need to know in dealing with your child (i.e.)

Adoption, ETC. _____

Does your child have any medical or physical problems? _____

Has your child been diagnosed with any type of learning or attention disorder? _____

Are there any other children in the family? No _____ Yes _____

If YES, please state names and ages: _____

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him complete the school year _____.

I have read the school handbook and agree to obey all of the school rules. It is also my understanding that the policy of the school is to make no refunds on registration fees.

I also give permission for my child to participate in all school activities, including sports and school sponsored trips away from school premises. I absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

(Parent's Signature)

(Date)

IMPORTANT NOTE TO PARENTS:

If this is the first time that you are registering your child with *Jesus is Lord Christian School*, please attach a copy of your child's birth certificate. If your child is attending preschool, kindergarten, or first grade for the first time, we need the child's immunization certificate (DHEC 1148, and a copy of their social security card.

