



**2018-2019 Student Application**

Father's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SCHOLASTIC INFORMATION**

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Has the child ever been expelled, dismissed, suspended or refused admission to another school? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child ever had any disciplinary difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the child currently on probation, or under any monitoring or punishment program? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child ever been in trouble with the law, arrested etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child ever used tobacco, alcohol or drugs of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child ever been held back a grade in school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate academic level of pupil's previous work: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

**Most Recent Previous School Attended:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Current grade: \_\_\_\_\_ 2018/19 Grade: \_\_\_\_\_

## RELIGIOUS INFORMATION

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Has Applicant ever made a profession of faith in Christ? Yes \_\_\_\_\_ No \_\_\_\_\_

## MEDICAL INFORMATION

Does the child have any physical challenges or **allergies**? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Has child received immunizations: Yes \_\_\_\_\_ No \_\_\_\_\_

Current medication: \_\_\_\_\_

Is medication required during school hours? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

## EMERGENCY MEDICAL PROCEDURE

Child's Physician \_\_\_\_\_

Address : \_\_\_\_\_  
Street City Zip Phone

I give permission for the above physician/health resource agency to be contacted in a medical emergency in the event I cannot be reached. If the above medical resources cannot be reached, I give my permission for the emergency medical procedure set up by the school to be followed.:

**CHILD TAKEN TO EMERGENCY ROOM, FLORIDA HOSPITAL WATERMAN OR CLOSEST LOCAL HOSPITAL.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## PHOTO RELEASE PERMISSION

As a parent or guardian of this student, I hereby consent to the use of photographs and or video taken during the course of the school year for publicity, promotional or educational purposes (including publications, presentation or broadcast, via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or damages.

\_\_\_\_\_ Yes, I give permission for Liberty Christian Prep to photograph or video my child for school purposes and/or at school events.

\_\_\_\_\_ No, I do not give Liberty Christian Prep permission to photograph or video my child for any event.

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

\_\_\_\_\_ Reg. Fee Paid \$ \_\_\_\_\_

\_\_\_\_\_ Material Fee Paid \$ \_\_\_\_\_

\_\_\_\_\_ Tuition Plan/Contract

\_\_\_\_\_ Records Request Sent

\_\_\_\_\_ Accepted \_\_\_\_\_ Refused