



# Leesburg Christian School

A ministry of Believers Baptist Church

"The Christian School with a Heart for the Home School Minded Parent"

## Application for Admission

**Office Use Only**

Starting Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Health Records: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Busing: AM \_\_\_\_\_ PM \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Number of languages spoken in home: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Use the following code, please grade the areas listed: E – Excellent G – Good F – Fair U - Unsatisfactory

_____ General Attitude	_____ Shows Initiative	_____ Relationship with Peers
_____ Effort	_____ Takes Pride in Work	_____ Attention Span
_____ Relationship with Adults	_____ Cooperation	_____ Attendance
_____ Respects Authority	_____ Classroom Conduct	

Father's Name: _____	Mother's Name: _____
SS#: _____ E-mail _____	SS#: _____ E-mail _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____	Home Phone: _____ Work Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Education: _____ (See key below)	Education: _____ (See key below)

Education Codes:            H – High school            A – Jr. College Assoc. Degree    B – BA or BS Degree

D – Doctorate                M – Masters                                T – Technical Degree

Please Check if any of the following would apply: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	Please Check if any of the following would apply: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single
---	---

Spiritual Status: Have you personally received Jesus Christ as your savior? _____	Spiritual Status: Have you personally received Jesus Christ as your savior? _____
Active Church Member? <input type="checkbox"/> Believers Baptist <input type="checkbox"/> Other <input type="checkbox"/> Not a Member Anywhere	Active Church Member? <input type="checkbox"/> Believers Baptist <input type="checkbox"/> Other <input type="checkbox"/> Not a Member Anywhere
Your Church Affiliation: _____	Your Church Affiliation: _____

How did you learn of Leesburg Christian School? \_\_\_\_\_ Church/Pastor \_\_\_\_\_ Friend/Name: \_\_\_\_\_

\_\_\_\_\_ Yellow pages \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Other: Please Describe: \_\_\_\_\_

Why do you wish to enroll your child at Leesburg Christian School? \_\_\_\_\_

How long do you plan to be in our area? \_\_\_\_\_

Are school aged siblings enrolling? \_\_\_\_\_ Ages of Siblings \_\_\_\_\_

Do you plan for your child to continue in our school? \_\_\_\_\_ Yes \_\_\_\_\_ No; If no, please explain: \_\_\_\_\_

Are you involved in any legal disputes over your children? (Or possibly in the future) \_\_\_ No \_\_\_ Yes; If yes, please explain: \_\_\_\_\_

Name of person(s) or Agency having legal custody of child: \_\_\_\_\_

Child living with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address if different from above: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Business address if different from above: \_\_\_\_\_ Work Phone: \_\_\_\_\_

All schools previously attended (attach extra sheet if necessary):

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Ever dismissed, suspended, or disciplined at any school? \_\_\_\_\_ Yes \_\_\_\_\_ No Please Explain: \_\_\_\_\_

**In case of emergency, and parents cannot be reached, whom can we call?:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

Person(s) **authorized** to pick up child: \_\_\_\_\_

Person(s) **NOT authorized** to pick up child: \_\_\_\_\_

Describe the child's special abilities, talents, and interests outside of school: \_\_\_\_\_

**LCS MUST BE NOTIFIED OF ANY PHYSICAL, EMOTIONAL, OR LEARNING DISABILITIES PRIOR TO ACCEPTANCE.**

Please describe any disabilities (physical, emotional, mental, language barriers, family situations, premature birth, etc.) which may affect the applicant's progress: \_\_\_\_\_

Please give any instructions or doctor's recommendations which would be helpful to the faculty: \_\_\_\_\_

**NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETE AND ACCOMPANIED BY THE REGISTRATION FEE.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Enrollment Agreement

THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between \_\_\_\_\_ parent(s)/guardian(s) (referred to as parents) of \_\_\_\_\_ (child) and LEESBURG CHRISTIAN SCHOOL (referred to as LCS)

### AGREES

- Parents will enroll child as a student in LCS for the period from \_\_\_\_\_ to \_\_\_\_\_  
LCS agrees to accept child as a student for the herein above mentioned period.
- 11. Parents will give LCS two weeks written notice of their intention to withdraw child from enrollment during said period. LCS agrees to give parents two weeks written notice of its intention to terminate child's enrollment, except for good cause shown.
- Parent's agree to pay tuition in full, the sum of \$ \_\_\_\_\_, payable as follows:  
Registration \$ \_\_\_\_\_; Books/Materials \$ \_\_\_\_\_; Tuition \$ \_\_\_\_\_ Paid in full \_\_\_\_\_ (discount of \_\_\_\_\_), paid by semester \_\_\_\_\_ (discount of \_\_\_\_\_ each semester), monthly \$ \_\_\_\_\_; Four Installments \$ \_\_\_\_\_; Busing \$ \_\_\_\_\_; Other \$ \_\_\_\_\_, Check #s and amounts: \_\_\_\_\_
- 15. Parents do hereby authorize LCS to permit child to participate in all school activities, including, but not limited to field trips and sports activities, whether on or off LCS premises. LCS shall reasonably supervise all such activities, however, LCS shall not be liable for any injury or damages of any kind or description suffered by child or parent. Parent will and does hereby agree to indemnify and save harmless LCS against any and all liability, loss, damages, costs, and expenses, (including its own reasonable attorney's fees, not to exceed \$100.00 per hour, and any attorney's fees which may be required to pay to any other party) which LCS may be hereinafter incur, suffer, or be required to pay to any person, firm, partnership, or association of any kind or description, including parent, by reason of any injury to child or damage suffered by child or by reason of any injury to any other person, firm, partnership, or association or any kind or description, including LCS by reason of any act or omission by child.
- 17. Parent will promptly notify LCS in writing of any reason child may not or should not participate in any such activity after having been so notified, and until parent notifies LCS in writing that said restrictions on school activities are no longer required.
- 19. Parent agrees to promptly notify LCS of any change in his or her marital status.
- Parent and LCS agree that no refund of any registration fee will be made: and further, that no refund of any kind be made unless the provisions of paragraph 3 hereinabove have been strictly complied with, and then only to the extent permitted by established LCS policy at the time such refund is demanded. If a child is expelled from LCS, for an infraction, the tuition, busing, registration or book fees already paid will not be reimbursed. Parent agrees that LCS may make and enforce school regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures, and as written in the current LCS Handbook.

By this application it is understood that: the teacher has full discretion of classroom discipline, the administration has full responsibility for placement in proper grade, the school can dismiss students not respecting its spiritual and other requirements, (requirements from the student include promptness, class assignments, homework, bringing proper texts and materials to class, behavior as outlined in the handbook-commitment sheet for junior and senior high schoolers, etc.). I further understand that the school is a ministry and therefore relies on benevolent assistance and that parents are expected to help in some manner consistent with our capabilities and resources, since tuition does not cover all expenses.

I have read the handbook and understand my responsibilities in regard to tuition and promise to comply with the policies, and I agree to have my child educated according to the LCS biblical philosophy as mentioned in the above and disciplined according to the handbooks of LCS.

AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Parent/Guardian



# Leesburg Christian School

A ministry of Believers Baptist Church

“The Christian School with a Heart for the Home School Minded Parent”

### AUTHORIZATION TO GIVE MEDICATION

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Leesburg Christian School has my permission to administer the following drugs and medications:

Drug Name and/or Prescription Number: \_\_\_\_\_

Dosage Amounts: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Special instructions, if any: \_\_\_\_\_

MAY LCS ADMINISTER ROUTINE MEDICAL TREATMENTS (TYLENOL, IBUPROFEN, AND BADAGES)?

\_\_\_\_\_ YES \_\_\_\_\_ NO (The office will attempt to contact Parent/Guardian before administering.)

**LEESBURG CHRISTIAN SCHOOL AGREES TO NOTIFY THE PARENT/GUARDIAN WHEN HIS/HER CHILD BECOMES ILL, AND THE PARENT/GUARDIAN AGREES TO PICK UP THE CHILD AS SOON THEREAFTER AS POSSIBLE.**

The parent(s)/guardian authorizes **Leesburg Christian School** to obtain immediate medical care and/or hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if any emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

This authorization is effective until \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

### MEDICAL INFORMATION

Child's Allergies (if any) \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medicine Child is taking: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.) \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Id No./Policy No. \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Subscriber's Place of Employment \_\_\_\_\_

Subscriber's Telephone Number \_\_\_\_\_

If your child needs to be sent home from school due to a local emergency (snow, tornado, etc.), and you should not be home, to whom may he/she be sent? (If more than one, please state)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If you do not have access to a radio during one of these emergencies, please note:

Where we can reach you \_\_\_\_\_ or guardian \_\_\_\_\_

**I AUTHORIZE LCS TO ALLOW MY CHILD(REN) TO PARTICIPATE IN ALL FIELD TRIPS.(THIS INCLUDES PARTICIPATION IN JV OR VARSITY SPORTS EVENTS, IF MY CHILD IS A TEAMMEMBER)**

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

# PAYMENT METHODS & VOLUNTEER HOURS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I prefer to pay monthly (Automatically deducted from parent's bank account.)

I prefer to pay in full (due August 1)

I prefer to pay by the semester (due August 1 and January 1, \$10 fee)

I prefer to pay in four quarterly installments  
(payments must be received by 8/1, 11/1, 1/1, and 3/1, \$40 fee)

I prefer to pay on my Visa or MasterCard  
(Call Kim Beall at 703.777.4220 for instructions).

I prefer to receive my bill/newsletter by  mail  email

Please provide a reliable email for:

Mother \_\_\_\_\_

Father \_\_\_\_\_

**VOLUNTEER SECTION** (Please check areas below where you can help)

Enclosed is my \$100 donation for the school year.

I prefer to volunteer 10 hours throughout the year.

(There will be a \$10 per hour charge for any incomplete volunteer hours—parent)

Lawn work  Painting  Vacuuming  Dust/Wipe  Shoveling snow/Mulch

Substitute  Lunch aide  Phone calls  Room mother/father

## SIGN-UP FOR AFTER CARE

Name of child(ren): \_\_\_\_\_  
\_\_\_\_\_

I will be dropping my child(ren) off by  
7:30am each morning  
 Yes  No  
(Please Check One)

Name of parent (print): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Please register my child for this time slot: \_\_\_\_\_

Yearly AfterCare rates. \$100 deposit with sign-up for requested hours.	
Until 4 p.m.	\$600
4:30	\$1000
5:00	\$1500
5:30	\$2000
6:00	\$2500
6:30	\$3100
Daily Drop-In Rates, for occasional users:	
from 3:30-6:30	\$6 per hour until 5:30, then \$7 for final hour

I understand that I will be paying \$100 that will be applied toward my child's After Care hours. Enclosed is \$\_\_\_\_\_ toward the cost of After Care. (Parents are asked to pay in advance of school starting.)

**Children must be picked up by 6:30 pm.**

**Parents will be charged \$6 for every 5 minutes after 6:30 pm.**