Laurel Christian School
P.O. BOX 8425
LAUREL, MS 39441
601-649-4190 (H.S.)
601-649-3999 (E.S.)
601-649-8989 (P.S.)
www.laurelchristian.org

2017 - 2018

NEW STUDENT APPLICATION

Business Office Use Only:
____ Database
____ Reg. Invoiced
____ Tuition Invoiced
____ Confirmation
____ Full Time Employee
____ Pastoral Discount
____ Financial Aid

I. STUDENT INFORMATION

Student's Name _____
Last *First* *Middle*

Student's Preferred Name _____ Male _____ Female _____

Date of Birth _____ Student's Age _____ Social Security # _____

Address _____

Student's E-mail _____ Student's Cell Phone _____

Grade Applying For: K3 K4 K5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Preschool (K3& K4): 3 Day _____ 5 Day _____ Kindergarten (K5): Full Day _____ Half Day _____

Students must be 3yrs old for K3, 4yrs old for K4, 5yrs old for K5, or 6 yrs old for 1st Grade by September 1st.

II. PARENT/GUARDIAN INFORMATION

Father (or Guardian) Name _____
Last *First*

Address _____

Father E-mail _____ Father Cell Phone _____

Home Phone _____ Business Phone _____

Employer _____ Occupation _____

Mother (or Guardian) Name _____
Last *First*

Address _____

Mother E-mail _____ Mother Cell Phone _____

Home Phone _____ Business Phone _____

Employer _____ Occupation _____

Name of Person(s) Student lives with _____

Name of Person(s) Responsible for account _____

Billing Address _____ **Phone:** _____

SIBLINGS:	NAME	AGE	GRADE	SCHOOL

III. EDUCATIONAL INFORMATION

List all schools attended including Kindergarten.

NAME OF SCHOOL	CITY, STATE	GRADES ATTENDED

Mailing address of most recent school _____

_____

Has this student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation. _____

_____

Has this student been suspended or expelled from school? If yes, please explain.

_____

Please describe the nature of any previous disciplinary problems. _____

_____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes.

_____

_____

IV. OTHER DATA

What church does your family attend? _____

Are you currently members? _____

Briefly describe what you consider "Christian education" to be: _____

_____

_____

_____

_____

What do you expect Laurel Christian School to do for your child? _____

_____

_____

_____

_____

V. MEDICAL INFORMATION

Has this student been professionally evaluated for any special physical, mental, academic or emotional needs?

If yes, please explain. _____

_____

Does this student have physical, mental, or emotional problems which require special medication?

If yes, please give a brief explanation. _____

_____

CONSENT FOR MEDICAL TREATMENT

Should my child become ill or injured under school supervision, and the school is unable to immediately reach a parent or guardian for verbal instructions, I hereby authorize the school authorities to use their best judgement in contacting a properly licensed physician and/or transporting my child to a hospital or medical facility for consultation and/or treatment. Such transportation will be provided by a school official, or if the school deems necessary, by ambulance. If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the headmaster or his designated representative to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the headmaster or his designated representative, and Laurel Christian School from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as or after the need arises. I agree to be responsible for the cost of medical service or treatment of my child as a result of the above authorization and to indemnify and hold harmless Laurel Christian School, the headmaster or his representative from any expense incurred for said treatment or services.

For information only, the name of my child's physician is: _____

and the office telephone number is: _____

Father (or Guardian) Signature: _____ Date: _____

Mother (or Guardian) Signature: _____ Date: _____

VI. STATEMENT OF PHILOSOPHY

Laurel Christian School takes a spiritual approach to education. LCS is an extension of the Christian home and strives to encourage, support, and inspire students and families in a system of values consistent with the Word of God. It is our philosophy that students have a Christ-centered view of the world, mankind, and life. This means that the entire program, the curriculum, the quality of teachers, the school policies, the methods, and the evaluation procedures will be based on a genuine commitment to the Christian faith and will be reflected in the way in which the task of education is carried out. LCS is dedicated to academic excellence in a disciplined atmosphere.

The purpose of LCS is to develop children both spiritually and academically so that they will be able to accept the responsibilities of life as committed Christians doing "all to the glory of God".
(I Corinthians 10:31)

VII. TERMS AND CONDITIONS

a. Applications are made to the governing authority of Laurel Christian School which reserves the right to accept or reject any application.

b. Laurel Christian School admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. Laurel Christian School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.

c. Applicants agree to abide by all school policies, rules, and regulations, including provisions for dress codes and discipline. Laurel Christian School has full discretion in the discipline of students while at the school, including paddling.

d. Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.

e. Laurel Christian School's Tuition and Fee Schedule provides information about financial Terms and Obligations. It is updated annually. Students are enrolled for the entire year. The withdrawal of your student after an application has been accepted does not void your financial obligation to LCS. Each year, the school prepares for students using its registration process and then employs the necessary teachers, purchases needed materials, and in many instances, initiates facility modifications to accommodate those desiring a Christian education in our community. Tuition and registration fees do not cover all of the costs of these improvements or all of the educational endeavors at our school. Therefore the following policy is in effect:

    1. A non-refundable $360 application fee must be submitted with each Re-Enrollment or New Student Application.

    2. Any student withdrawal before July 1 creates a nonrefundable and nontransferable financial obligation to the school in the amount of $750. This means that the parent or guardian would need to submit an additional payment of $390 for each student withdrawal prior to July 1.

    3. For any student withdrawal after July 1, the parent or guardian is responsible for the entire annual tuition payment for each student. This requirement may be met by submitting a check for the remaining yearly tuition balance at the time of withdrawal or allowing the monthly draft to stay active until the final draft goes through in May.

    4. The School Board will not release anyone from these obligations unless the family is moving out of the Laurel area or there are other significant and valid circumstances. To request a release from these financial obligations, the parent or guardian must submit a letter to the School Board clearly stating the reasons for the withdrawal and a request to be released from the financial obligation.

f. Applicants pledge their loyalty to the goals and objectives of Laurel Christian School. We promise to bring any questions and criticisms to the appropriate teacher privately. Should the matter need to go to the administration, we agree to meet with the teacher and administration to discuss the issue. When necessary, we agree to bring any issue concerning policy to the board in written form to be put on the school board's monthly meeting agenda.

g. We pledge, as much as possible, to meet all attendance requirements at parent/teacher meetings, students conferences, and school functions.

h. We pledge that if, for any reason, our child does not consistently meet the academic requirements or cooperate with the disciplinary standards (including but not limited to: dress, hygiene, care of school property, and conduct on or off campus), we will withdraw him/her without delay. In addition, we recognize that LCS reserves the right to suspend, expel, or otherwise discipline any student who fails to adhere to the standards set forth in the handbook.

VIII. PARENT OR GUARDIAN AGREEMENT

I hereby certify that I have read this New Student Application, including the Statement of Philosophy and the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the condition and requirements of all other official policies and procedures of Laurel Christian School, including the payment of all fees and charges according to the published schedule of the school.

This application <u>cannot</u> be processed until the application fee is paid in full and the application is signed by the parents or guardian of the applicant.

Father (or Guardian) Signature _____ Date _____

Mother (or Guardian) Signature _____ Date _____

IX. PAYMENT OPTIONS (Please choose one: *a.* OR *b.*)

a. AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (ACH Bank Draft)

RESPONSIBLE PARTY _____ PHONE # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA# _____ ACCOUNT # _____

STUDENT NAME(S) _____

PARENT/GUARDIAN NAME _____

I hereby authorize the financial institution named above to pay tuition payments by charging each payment to my account on the first business day of each month and to make that deduction payable to the order of Laurel Christian School. I agree that each payment will be the same as if it were an instrument personally signed by me. I understand, that both the financial institution and Laurel Christian School reserve the right to terminate this payment plan (or my participation therein).

SIGNATURE _____ DATE _____

Please return this completed authorization form with application and a voided check from your account.

*APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A VOIDED CHECK.

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b. PRE-PAYMENT PLEDGE (please check one of the following choices)

☐ I intend to pre-pay by semester and understand payments are due by June 1 and December 1.

- OR -

☐ I intend to pre-pay by the year and understand payment is due by June 1.

STUDENT NAME(S) _____

RESPONSIBLE PARTY _____ PHONE # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____