



LEESBURG CHRISTIAN SCHOOL

A ministry of Believers Baptist Church

Our Mission: *LCS exists to biblically disciple, academically prepare, and socially develop the next generation of Christ-like, servant-leaders for the glory of God.*

Application for Admission (PreK-SrK)

Student's Full Name: _____ Today's Date: _____

Grade Entering: _____ Date of Birth: _____ Male or Female: _____ Nickname: _____

No. of languages spoken in home: _____ Social Security: _____ Needs: BeforeCare _____ AfterCare _____

Address: _____

If 2.5, 3 or 4 years of age, please check:

Full-time _____ 8:15-3:15 pm 3 Full Days _____ 8:15-3:15 pm 2 Full Days _____ 8:15-3:15 pm

5 Half Days _____ 8:15-12:00 pm 3 Half Days _____ 8:15-12:00 pm 2 Half Days _____ 8:15-12:00 pm

If Senior Kindergarten, please check: _____ (must be 5 by September 30)

Parents, using 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: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

SSN#: _____ Work #: _____ SSN#: _____ Work #: _____

Cell #: _____ Home #: _____ Cell #: _____ Home #: _____

Email: _____ Email: _____

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:

_____ Married _____ Widowed _____ Separated
_____ Remarried _____ Single _____ Divorced

Please Check if any of the following would apply:

_____ Married _____ Widowed _____ Separated
_____ Remarried _____ Single _____ Divorced

Spiritual Status: Have you personally received Jesus Christ as your savior? _____

Active Church Member?
_____ Believers Baptist _____ Other
_____ Not a Member Anywhere

Your Church Affiliation: _____

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_____ Believers Baptist _____ Other
_____ Not a Member Anywhere

Your Church Affiliation: _____

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

_____ Social Media _____ Yellow pages _____ Newspaper Ad _____ Other: Please Describe: _____

Office Use Only

Starting Date: _____ Application Fee: _____
Health Records: _____ Interviewed By: _____

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: _____ Cell: _____

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. (All testing and evaluation materials must accompany application)

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: _____

PHOTO RELEASE: I Do ___ Do Not ___ give permission for my child's photo to be used for promotional pieces such as brochures, website, or newspaper ads, for the purpose of promotion of LCS.

I Do ___ Do Not ___ give permission for my child's photo to be posted on a password protected site, such as Snap fish, for the purpose of sharing pictures with parents and LCS.

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

Parent's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

ENROLLMENT AGREEMENT (See LCS Tuition Worksheet for details)

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

- 1. 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.
2. 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.
3. Parents agree to pay tuition in full, the sum of \$_____, payable as follows: SEE LCS TUITION WORKSHEET
4. 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.
5. Parents 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 parents notify LCS in writing that said restrictions on school activities are no longer required.
6. Parent agrees to promptly notify LCS of any change in his or her marital status.
7. Parents 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 Parent/Student/Faculty Agreement form 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 (located at www.lcsva.com) and understand my responsibilities in regard to tuition and promise to comply with the policies. I also agree to have my child educated and disciplined according to the LCS biblical philosophy as mentioned in the handbook.

AGREED this _____ day of _____, 20_____

Signature of School Administrator

Parent/Guardian



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AUTHORIZATION TO GIVE MEDICATION

(This form is for Preschool and Kindergarten students only. By state law, we are unable to administer medications to children under 5 years of age.)

Student's Name: _____ Date: _____

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

_____ 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 indefinitely. 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

(LCS not responsible if student has no coverage from personal insurance.)

Insurance Company: _____ Id No./Policy No.: _____ Group#: _____

Insurance Company Address: _____

Subscriber's Name and Phone: _____ Subscriber's Place of Employment: _____

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: _____

Name: _____ Address: _____ Phone: _____

If you do not have access to internet or media 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 SPORTS EVENTS, IF MY CHILD IS A TEAM MEMBER.)

Parent Signature : _____ Date: _____



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PAYMENT OPTIONS

(This form must accompany application)

Name: _____ Date: _____

Email address for monthly billing statement: _____

_____ I prefer to pay monthly (due 1st of month, **\$300** fee without Direct Deposit)

_____ I prefer to pay in full (due August 1; **\$150** discount)

_____ I prefer to pay by the semester (due August 1 and January 1)

_____ I prefer to pay in four quarterly installments (August 1, November 1, January 1, March 1)

_____ I prefer to pay on my Visa or MasterCard (call Kim Beall at 703.777.4220 for instructions—2% fee)

VOLUNTEER OPTIONS

Please check areas below where you can help:

_____ Enclosed is my \$200 donation for the school year.

_____ I prefer to volunteer 10 hours throughout the year.

(There will be a \$20 per hour assessment at year's end for any incomplete volunteer hours)

_____Lawn work _____Painting _____Vacuuming _____Dust/Wipe _____Shoveling snow/Mulch
_____Substitute _____Lunch aide _____Phone calls _____Room mother/father _____Other_____

BEFORE AND AFTER CARE REGISTRATION

I am registering for **BeforeCare**: 7:30-8:05 am (PreK-6th): _____ 7:30-7:50 am (7th-12th): _____ Drop In: _____

Name of child(ren): _____ Gr. _____ _____ Gr. _____
_____ Gr. _____ _____ Gr. _____

I am registering for **AfterCare**: Up to 4:30 pm: _____ Up to 6:00 pm: _____ Drop In: _____

Name of child(ren): _____ Gr. _____ _____ Gr. _____
_____ Gr. _____ _____ Gr. _____

AfterCare Registration Fee of \$100 due upon registration.

Children must be picked up by 6:00 pm. Parents will be charged \$1 for every minute after 6:00 pm.