



# LOUDONVILLE CHRISTIAN SCHOOL

## ADMISSIONS PROCEDURE

*“For the Lord gives wisdom; from His mouth come knowledge and understanding.” Proverbs 2:6*

Welcome to Loudonville Christian School! LCS is committed to providing quality education that keeps Christ at the center. We place great importance on the partnership with our families and continually pray for those who will attend. We encourage you to also prayerfully review the information as you walk through the decision making process. Thank you for your consideration.

### Step 1: Application Process

- a) Complete and sign the application(s) and return together with \$35 application fee(s) and all required materials to the Admissions Office.
- b) For **each** student applying the following information is **required**:
  - Completed application for admission
  - Proof of age for students entering PK-2<sup>nd</sup> grade. The birth date cutoff is September 1.
  - Full academic records for all students: transcript for high school, report cards for 1-8.
  - Record of all standardized test results (AP, SAT, PSAT, ACT, ELA, etc.)
  - Teacher Recommendation Forms
  - Record of other professional records (IEP, 504 Plans, Special education Counseling)
  - Documented record of immunizations and current health physicals
  - Pastor Recommendation Form (required for K-12 students)
- c) Financial aid is available to apply for as well. Applications for aid can be submitted at this same time or at any point in the Admissions Process. Financial Assistance Packages offered after Registration.

### Step 2: Entrance Testing

All required paperwork must be on file before a student can take the entrance exam. An admissions test is required for students seeking admission to grades K-9. A PSAT, SAT, or ACT score *may* be used in place of an entrance exam for an incoming Sophomore, Junior, or Senior. Entrance exams take place on designated dates in March and April and as needed at other times.

### Step 3: Registration

Once an admission decision is made, families will be notified and asked in for a meeting with the principal. Registration materials are completed and deposit made at the time of this meeting.

### Step 4: Enrollment

After a deposit is made and registration complete, students are enrolled and ready to attend!

\*A completed application is not a guarantee of admission, but only a request for admission consideration.\*



# LOUDONVILLE CHRISTIAN SCHOOL

## APPLICATION CHECKLIST

For your convenience we have provided a checklist for the necessary paperwork to submit to complete the application process.

**Name and grade of student(s) applying** \_\_\_\_\_

\_\_\_\_\_

**Please check off** as you complete each requirement and then submit with the Application

\_\_\_\_\_ Student Application with Application fee

\_\_\_\_\_ Pastor's Recommendation Form for Kindergarten through High School (one per family)

\_\_\_\_\_ Copy of a birth certificate for Pre-Kindergarten through second grade applicant

\_\_\_\_\_ Questionnaire Form (Pre-Kindergarten and Kindergarten Applicants)

\_\_\_\_\_ Student Biography Questionnaire (7<sup>th</sup> through 12<sup>th</sup> Grade Applicants)

\_\_\_\_\_ Signed Records Release Form

\_\_\_\_\_ Immunization records

\_\_\_\_\_ Current physical form, **signed by your physician**

\_\_\_\_\_ Current and previous year report cards

\_\_\_\_\_ Transcript for students entering grades 10-12

\_\_\_\_\_ Copy of IEP, 504 plan, or AIS program

\_\_\_\_\_ Teacher Recommendation Form for Prekindergarten.

\_\_\_\_\_ Teacher Recommendation Form K-6 classroom teacher, 7-12 Math and English Teacher

\_\_\_\_\_ Standardized testing if applicable

\_\_\_\_\_ Academic awards or invitations

\_\_\_\_\_ Family Emergency Information (one per family)

**Entrance exams are scheduled for 10:00 on Saturday mornings, dates to be determined. Exams in the summer will be scheduled during the week.**



# LOUDONVILLE CHRISTIAN SCHOOL

374 Loudon Road, Loudonville, NY 12211 | www.lcs.org | 518-434-6051

## STUDENT APPLICATION: Kindergarten–12<sup>th</sup>

*Loudonville Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

**The Application Fee of \$35.00 is attached \_\_\_\_\_. This non-refundable Application Fee will be deducted from your tuition.**

### STUDENT INFORMATION

We were **referred** to LCS by: \_\_\_\_\_

Application Date \_\_\_\_\_ Grade applying for \_\_\_\_\_ School Year applying for \_\_\_\_\_

Name of applicant: \_\_\_\_\_ M / F Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ School District you reside in: \_\_\_\_\_

Student resides with: \_\_\_\_\_

### FATHER'S INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Step-Parent if applicable: \_\_\_\_\_

**MOTHER'S INFORMATION**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Step-Parent if applicable: \_\_\_\_\_

**CURRENT SCHOOL**

Name of Current School: \_\_\_\_\_

Phone number: \_\_\_\_\_

Current grade: \_\_\_\_\_ Grade entered: \_\_\_\_\_

Are you in good standing, financially, with your current school? Please explain: \_\_\_\_\_

**ACADEMIC/BEHAVIOR AND SUPPORT**

Has your child repeated a grade? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your child been disciplined, suspended or dismissed? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have an IEP or a 504 Plan? Please provide the paperwork with this application and explain

current accommodations: \_\_\_\_\_

Does your child have a learning need that is, or has been, accommodated during the school day? \_\_\_\_\_ Please explain: \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have a significant medical condition or allergy? \_\_\_\_\_ Please explain and indicate any accommodations and medication required:

Does your child have a physical disability or emotional condition? \_\_\_\_\_ Please explain and list any accommodations and medications needed:

**NAMES AND AGES OF OTHER CHILDREN IN YOUR FAMILY**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**CHURCH INFORMATION**

Church Name: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Church Address and phone number: \_\_\_\_\_

Please list your area of involvement at your church:

**Our partnership with you is extremely important, and we desire to ensure a positive and healthy relationship with our families. With that in mind, please read the following information regarding the school's educational philosophy.**

### **The Vision**

That we be imitators of God in pursuit of Him, loving others, doing all things as unto the Lord, transforming the world according to His will.

*Be imitators of God, therefore, as dearly loved children and live a life of love, just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God. Ephesians 5:1, 2*

### **The Mission**

To cultivate a passion for God's will, a love of learning and joy in serving, fostering creativity, knowledge and character with a global perspective, impacting the world for Christ.

*Whatever you do, work at it with all your heart, as working for the Lord, not for men. Colossians 3:23*

### **In making this application, I understand that:**

1. My child will go on scheduled field trips and other school activities.
2. I will support and communicate with the teachers and school in disciplinary matters.
3. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
4. My full cooperation is expected in prayer support, practical help, regular tuition payments, and special gifts, when possible, since tuition does not cover all educational costs.

### **STATEMENT OF FAITH**

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (2 Timothy 3:16; 2 Peter 1:21)
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Genesis 1:1; Matthew 28:19; John 10:30, 37-38)
3. We believe in the deity of our Lord Jesus Christ (John 10:33), in His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35), in His sinless life (Hebrews 4:15, 7:26, 9:12), in His miracles (John 2:11), in His vicarious and atoning death through His shed blood (1 Corinthians 15:3; Ephesians 1:7; Colossians 1:14; Hebrews 2:9), in His bodily resurrection (John 11:25; 1 Corinthians 15:4), in His ascension to the right hand of the Father (Mark 16:19), and in His personal return in power and glory (Acts 1:11; Revelation 19:11).
4. We believe that man is sinful by nature and that regeneration by the Holy Spirit is essential and an absolute necessity for his salvation (Romans 3:10, 23; John 3:16-19, 5:24, Ephesians 2:8-10, Titus 3:5-6).
5. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life (Ephesians 4:30, 5:18; 1 Corinthians 3:16, 6:19).
6. We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
7. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).

8. We believe in the creation of mankind (distinctly man and woman) by the direct breath of God (Genesis 1:26-28; 5:1-2).
9. We believe that the term “marriage” has only one meaning: the uniting of one man and one woman in a single, exclusive covenant union, as delineated in Scripture (Genesis 2:18-25) and that God intends sexual intimacy to occur only between a man and a woman who are married to one another, and that God has commanded that no intimate sexual activity is engaged in outside of marriage. (Genesis 1:27-28, 2:21-24; Matthew 19:4-9; Mark 10:5-9; Ephesians 5:22-33).
10. We believe that God offers forgiveness, redemption, and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Christ Jesus (1 John 1:9).
11. We believe that everyone must be afforded compassion, love, grace, kindness, respect, and dignity (Matthew 7:12; Philippians 2:3).

Parents who choose to enroll their children at Loudonville Christian School understand that the school will teach these principles and Biblical values.

**My signature below affirms that I have read the Statement of Faith and that I understand and agree to its content, and I agree to have my child(ren) educated by the school in accordance with it.**

**Signature of Parent(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Loudonville Christian School** is a religious institution providing an education in a distinct Christian environment, and it believes that its biblical role is to work in conjunction with the home to mold students to be Christ like. On those occasions in which the atmosphere or conduct within a particular home is counter to or in opposition to the biblical lifestyle the school teaches, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student. This includes, but is not necessarily limited to, living in, condoning, or supporting sexual immorality; practicing homosexual lifestyle or alternative gender identity; promoting such practices; or otherwise having the inability to support the moral principles of Loudonville Christian School (Romans 1:27, Matthew 19: 4-6).

**My signature below affirms that I have read the above statement and that I understand its content, and I agree to have my child(ren) educated by the school in accordance with it.**

**Signature of Parent(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_



# LOUDONVILLE CHRISTIAN SCHOOL

## Student Biography For students applying for grades 7-12

*This form is given to the Director of Student Life. He will be using this form to get to know you before your student life interview with him. We ask that you fill this out truthfully and honestly.*

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Current Grade: \_\_\_\_\_

1. Would you consider yourself a Christian? Yes \_\_\_\_ No \_\_\_\_ (If no, skip to question #6)

2. Church you attend: \_\_\_\_\_

3. How often do you attend church? 3 to 4 times per month    1 to 2 times per month    1 to 3 times per year

4. Do you regularly attend youth group? \_\_\_\_\_ Where? \_\_\_\_\_

5. What does being a follower of Jesus mean to you? \_\_\_\_\_

\_\_\_\_\_

6. If you do not consider yourself a Christian, what is your view of Christians/Christianity? \_\_\_\_\_

\_\_\_\_\_

7. If you do not consider yourself a Christian, do you follow another faith/religion? Yes \_\_\_\_ No \_\_\_\_ If yes, what is the religion?

### SCHOOL ACTIVITIES

8. Name 2 or 3 musical artists you listen to: \_\_\_\_\_

9. What sports are you interested in? \_\_\_\_\_

10. Do you currently play on a school team (please indicate what level)? \_\_\_\_\_

11. Do you play an instrument? \_\_\_\_\_ If so, which one? \_\_\_\_\_

12. Are you interested in theater? \_\_\_\_\_

13. Are you interested in art? \_\_\_\_\_

14. Do you enjoy singing? \_\_\_\_\_

15. Do you have any interest in film and/or photography? \_\_\_\_\_

\_\_\_\_\_



**Student Biography Continued**

**HOBBIES**

16. Tell us about your favorite hobbies: \_\_\_\_\_

17. What 2 shows do you love to watch? \_\_\_\_\_

18. Do you enjoy reading? Yes \_\_\_\_ No \_\_\_\_ If yes, what are some of your favorite books/series? \_\_\_\_\_

\_\_\_\_\_

19. Name the last two movies you watched: \_\_\_\_\_

20. Tell us about what video/card/board games you enjoy playing: \_\_\_\_\_

\_\_\_\_\_

**SOCIAL MEDIA**

21. LCS uses a variety of social media to stay connected. What social media do you use? (Circle all that apply.)

Instagram      Snapchat      Twitter      Facebook      None

**OTHER**

22. Use three adjectives that friends might use if asked to describe you: \_\_\_\_\_

23. What characteristics of a friend are important to you? \_\_\_\_\_

\_\_\_\_\_

24. What is your favorite subject in school? \_\_\_\_\_? Most challenging? \_\_\_\_\_

25. On a scale of 1 to 10, how hard do you work at your schoolwork, #1 being "I don't work hard at school," #5 being "I sometimes work hard at school," and #10 being "I always work hard at school."

1      2      3      4      5      6      7      8      9      10

26. On a scale of 1 to 10, how much do you value your education, #1 being "My education is not important to me," #5 being "My education is somewhat important to me," #10 being, "My education is valuable to me."

1      2      3      4      5      6      7      8      9      10

27. Please list the current top 3 priorities for your life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(date)



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## PASTOR RECOMMENDATION FORM

**Dear Parent:** Please complete the top portion of this form and then give it to your Pastor to complete and mail directly to LCS or fax to 935-2258.

Family Name: \_\_\_\_\_

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

Home Church: \_\_\_\_\_

Names of Children applying to LCS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loudonville Christian School helps Christian parents provide a thorough education for their children, an education committed to high scholastic standards and an evangelical view of God and the world.” Loudonville Christian School defines “Christian parents” as being born-again followers of Jesus Christ.

### Dear Pastor:

The Loudonville Christian School Mission Statement is: “To cultivate a passion for God’s will, a love of learning and joy in serving, fostering creativity, knowledge and character with a global perspective, impacting the world for Christ.” **Colossians 3:23** *“Whatever you do, do your work heartily, as for the Lord rather than for men. (NASB)*

Understanding that this mission requires a unified relationship between the home, the church, and the school, LCS underscores the importance for Christian parents to attend a local fellowship of believers regularly. Please fill out the bottom portion of this form and return it to the school by mail or fax 935-2258.

1. Is the above family in active fellowship with your church? ( ) yes ( ) no
2. How long has this family attended your church? \_\_\_\_\_
3. In what areas of service and/or activities of the church are the family members involved?
4. What is your knowledge, does either parent have a personal relationship with Jesus as their Lord and Savior?
5. Do you have any reservations in recommending this family to Loudonville Christian School? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ date \_\_\_\_\_

Church Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**The admissions process cannot be completed until this form is returned to the school.**



# LOUDONVILLE CHRISTIAN SCHOOL

374 Loudon Road, Loudonville, NY 12211 | www.lcs.org | 518-434-6051

Fax Number is 518-935-2258

## Teacher Recommendation Form

*Teacher: This student is applying for admission to Loudonville Christian School. Please evaluate the student and mail or fax this form attention Admissions.*

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Present Grade \_\_\_\_\_

Present School \_\_\_\_\_ School Telephone \_\_\_\_\_

Name of Teacher Completing Form \_\_\_\_\_ Subject Area \_\_\_\_\_

1. Number of years acquainted with student: 0-1 year 1-2 years 2-3 years 3+ years

2. Is this student currently in good standing with your school? Yes No

If no please explain: \_\_\_\_\_

3. Using the guide below, how would you rank this student.

**1. No Basis for judgment, 2. Below average, 3. Average, 4. Above Average, 5. Excellent**

\_\_\_\_\_ Academic Potential

\_\_\_\_\_ Classroom behavior

\_\_\_\_\_ Consistently completes homework

\_\_\_\_\_ Energy and initiative

\_\_\_\_\_ Emotional maturity

\_\_\_\_\_ Reaction to setbacks

\_\_\_\_\_ Leadership skills

\_\_\_\_\_ Self-confidence

\_\_\_\_\_ Social skills

\_\_\_\_\_ Reaction to criticism

\_\_\_\_\_ Respect for peers

\_\_\_\_\_ extra-curricular participation

\_\_\_\_\_ Respect for authority

\_\_\_\_\_ Parental support history

4. Please circle the level at which the student is currently working.

At grade level

1 grade above

2+ grades above

5. Please provide a recommendation

1. With Enthusiasm 2. Recommended

3. With reservation 4. Not recommended

If you have any additional comments, please attach them to this form.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_



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Fax Number is 518-935-2258

## HEALTH FORM

Dear Parents:

New York State Education Law requires that each student receive a physical exam when **entering a school district for the first time** and again in **grades K, 2, 4, 7, 10**. This law also requests a comprehensive dental exam. While the physical examination can be administered by the school physician, and we can offer you names of dentists in the community; we urge you to use your family physician/dentist for this purpose during your child's summer vacation. In this manner, a pattern of consistent, optimum health care can be established.

If your child has recently seen your family physician/dentist and will be a beginning **Kindergartner, 2nd, 4th, 7th, or 10th grader** in September, please ask the doctor to complete the reverse side of this form as well as the dental form. Although the forms **must be** returned by the end of September, an examination administered not more than twelve months prior to commencement of the school year in which the examination is required, will be accepted. For those beginning **Kindergartners, 2nd, 4th, 7th and 10th** graders who have not received examinations from a private physician by September, a visit to our school physician will be scheduled in the fall.

Again, please return this form to your school nurse by the **end of September**. You are reminded of the following:

1. To notify us if it is necessary for your child to be absent due to illness Call the school the first day of absence.
2. To keep us informed during the school year on items below (changes)
3. When the annual school health appraisals are made, you will be notified if any abnormalities are found.

Please feel free to call us or send a note if we may be of assistance to you at any time.

To be completed by Parent:

Name of Pupil _____	Grade _____	Teacher _____
Mailing Address _____	Telephone _____	
Parent/Guardian (home) _____	(work) _____	
Parent/Guardian (home) _____	(work) _____	
Names of person, other than parents, to be called in case of emergency if neither parent can be reached		
1. Name _____	Address _____	Hm. Tel. _____ Wk. Tel. _____
2. Name _____	Address _____	Hm. Tel. _____ Wk. Tel. _____
Family Physician _____	Address _____	Phone # _____
Family Dentist _____	Address _____	Phone # _____
Medical Problems _____		
Date _____	Parent's Signature _____	

1/15 DJD/appDS

(OVER)

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

## HEALTH CERTIFICATE / APPRAISAL FORM

Name: \_\_\_\_\_ SPORTS TO BE PLAYED: \_\_\_\_\_

School: \_\_\_\_\_ Gender:  M  F Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached  
 No immunizations given today  
 Immunizations given since last Health Appraisal: \_\_\_\_\_

Sickle Cell Screen:  Positive  Negative  Not done Date: \_\_\_\_\_  
 PPD:  Positive  Negative  Not done Date: \_\_\_\_\_  
 Elevated Lead:  Yes  No  Not done Date: \_\_\_\_\_  
 Dental Referral  Yes  No  Not done Date: \_\_\_\_\_

Significant Medical/Surgical History:  See attached \_\_\_\_\_

Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis:  Negative  Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

### MEDICATIONS

\*\*\*\*Medications (list all):  None  Additional medications list on additional form ICD9 Code \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed  Yes  No Student may self carry and self administer medication  Yes  No

**Note:** Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

\_\_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

\_\_\_\_ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: \_\_\_\_\_  None

Known or suspected disability: \_\_\_\_\_  Please monitor

Restrictions: \_\_\_\_\_  Please monitor

Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other: \_\_\_\_\_

### OPTIONAL INFORMATION, if known

Specify current diseases:  Asthma  Diabetes:  Type 1  Type 2  Hyperlipidemia  Hypertension  
 Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

*This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 1/15DJJ*



# LOUDONVILLE CHRISTIAN SCHOOL

374 Loudon Road, Loudonville, NY 12211 | www.lcs.org | 518-434-6051

Fax Number is 518-935-2258

## RECORDS RELEASE FORM

Name of the School the student is leaving: \_\_\_\_\_

\_\_\_\_\_

Fax number of the school \_\_\_\_\_

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

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

Current grade: \_\_\_\_\_

\_\_\_\_\_ has applied for entrance into Loudonville Christian School. Please fax or mail a transcript and/or academic records that include a report card for the last two years, standardized tests, health records, and a copy of a current IEP or 504 plan if it applies. Also, include a copy of all completed science labs for students entering 9<sup>th</sup> through 12<sup>th</sup> grades.

**Parent/Guardian or School official Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you,

Please send to the attention of:

Meg Booth

Admissions Director

518-434-6051 x304

Fax: 518- 935-2258

# 2017-2018 LCS EMERGENCY INFORMATION FORM

Please return to the School Office, not the classroom teacher

**FAMILY LAST NAME (please print):** \_\_\_\_\_

**Consent:**

*Knowing that from time to time illnesses and/or accidents occur, I understand that school officials will make every effort to contact me if my child is sick or injured. However, if the school is unable to reach me in a medical emergency, I give permission to the school to call paramedics or any licensed physician or dentist. I consent to any reasonable medical treatment as deemed necessary by a licensed physician.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

\*\*\*\*\*

Name of children attending LCS:	Grade:	Health Concerns:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*In the case of sickness or emergency, which parent/guardian should we contact FIRST:**

<p><b>Parent/guardian #1:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Email:</b> _____</p>	<p><b>Parent/guardian #2:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Email:</b> _____</p>
--	--

List TWO people who have permission to pick up your child when you are unavailable:

<p><b>Name</b> _____</p> <p><b>Home Phone:</b> _____</p>	<p><b>Relationship</b> _____</p> <p><b>Cell Phone:</b> _____</p>
<p><b>Name</b> _____</p> <p><b>Home Phone:</b> _____</p>	<p><b>Relationship</b> _____</p> <p><b>Cell Phone:</b> _____</p>

\*\*\* WEATHER- RELATED OR EMERGENCY EARLY DISMISSAL \*\*\*

**ALL STUDENTS WILL TAKE THE BUS HOME AS USUAL ON AN EARLY DISMISSAL DAY. IF YOUR CHILD IS NOT A BUS RIDER, PLEASE PICK HIM/HER UP NO LATER THAN 3:00 pm. NO AFTER-CARE WILL BE PROVIDED IN THE EVENT OF A WEATHER- RELATED OR EMERGENCY EARLY DISMISSAL.**

Revised January 2013

Please complete the reverse side as well.

## **LCS Photography Release Form for 2017-2018**

Please complete the following so we can update our records. Recognize we will never publish personal names of students without your permission.

Having the ability to showcase the day to day affairs through images of LCS is important to the growth of our school. Thank you for helping out in this way!

**Names and grades of Students:**

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I/We grant permission to use photographs of my child(ren) on the LCS website. YES/NO

I/We grant permission to use photographs of my child(ren) on LCS supported social media. YES/NO

I/We grant permission to use photographs of my child(ren) on LCS related promotional materials. YES/NO

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_