

Any physical difficulties? Heart, hearing, speech impediment, anxiety, learning disability, mental or emotional, etc.

Allergies or special medications:

Family Information

Paternal Grandparents	Address	City	State	Zip	Phone #
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Maternal Grandparents	Address	City	State	Zip	Phone #
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Pick Up Information

The following individuals have my permission to pick up my child:

Name	Relationship	Phone
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Statement of Cooperation (Please check each box)

- I give school administration full responsibility for placing my child in the proper grade.
- I will abide by the conditions of the payment plan for tuition and fees. Separate financial agreement to be signed
- I agree to pick up my child if he/she is sick.
- LCS has permission to give my child an appropriate dose of pain reliever (i.e. Tylenol, Ibuprofen, Pepto).

Statement of Cooperation continued (Please check each box)

- I give my child permission to take part in school activities and will not hold the school liable for injury to the child or damage to child's property.
- I agree to be loyal to the aims and ideals of the school and will bring all questions and criticisms directly to the school administration so they may be properly considered by those in authority, and I will not be publicly critical of any school policy.
- If emergency treatment is required and I cannot be reached immediately, I grant the school permission to exercise their own judgment in calling a physician or transporting my child to the hospital emergency room.
- I understand, that by signing below, Lakeview Christian School has my consent to search my child's pockets and/or belongings if there is reasonable suspicion that he/she may be in possession of any unapproved item.
- I agree to abide by all rules of Lakeview Christian School.
- I agree if my child is misbehaving or continually disturbing the class to either pick up my child for the rest of the day or I, the parent, agree to come and give my child a spanking at school.
- Should my child not adjust to the classroom and/or teacher, I agree to quietly withdraw my child from school.

I have read and understand the Statement of Cooperation above and agree by the policies of Lakeview Christian School.

Father's signature and date

Mother's signature and date

Father's name printed

Mother's name printed