



**2011/2012**  
**LODI CHRISTIAN SCHOOL**  
**ENROLLMENT APPLICATION**

PO BOX 268 \* ACAMPO, CA 95220 \* 209-368-ROAR (7627)/FAX 209-368-7600

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Reg. Fee Rec'd: \_\_\_\_\_

Testing Date: \_\_\_\_\_

Cum. Requested: \_\_\_\_\_

Referred By: \_\_\_\_\_

Student Name: \_\_\_\_\_ [ ] Male [ ] Female  
Last First

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Home Address: \_\_\_\_\_  
No. Street City State Zip

**How did you hear about us?** \_\_\_\_\_

Student Lives With: [ ] Both Parents [ ] Father Only [ ] Mother Only [ ] Grandparent(s)  
[ ] Both Parents Separately [ ] Other

Father's/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is there any court order in effect limiting the presence of or removal of your child by any person(s) during or after school hours? [ ] yes [ ] no Dated: \_\_\_\_\_

If yes, against whom: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Any Grade Repeated: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ School District: \_\_\_\_\_

Has your child ever been tested for or received help for learning difficulties? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Has your child ever been suspended or expelled from school? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Has your child ever been denied admission to a school? [ ] Yes [ ] No

**I will need Day care for my child.** Please check and circle which applies to you: [ ] Before School - M T W TH F

[ ] After School - M T W TH F

# LODI CHRISTIAN SCHOOL

## 2011/2012 Enrollment Contract

I/We agree to the following upon enrollment in Lodi Christian School.  
(please initial at each line and sign at the bottom)

\_\_\_\_ • I/We agree to support the school in the administration of its philosophy and policies. I/We understand and agree that the enrollment and re-enrollment of my/our child is dependent on my/our parental support of the school, its staff and its policies.

\_\_\_\_ • I/We agree to pay our financial obligations and to conclude all required payments on or before August 1<sup>st</sup>. I/We agree that we are responsible for all financial obligations incurred relative to this enrollment and agree to the fees and policies stated on the financial contract.

\_\_\_\_ • I/We have read the Parent/Student Handbook and support the school's Christian values and school policies stated therein. I/We will cooperate with the school to ensure compliance with school rules and policies.

\_\_\_\_ • I/We agree to support the school uniform dress code and will work with the school to ensure my/our child's compliance with the dress code at school and all school related activities.

\_\_\_\_ • I/We agree to pay for any damages to or loss of school property attributable to this student. I/We acknowledge that LCS is not responsible for student's lost, stolen or damaged property.

\_\_\_\_ • I/We agree that Lodi Christian School reserves the right to dismiss my/our student if it is determined by the Administration to be in the best interest of either the student or the School.

\_\_\_\_ • I/We understand that in the case of separated or divorced families, LCS will do its best to interpret court or custody documents, however, LCS can not be held responsible or liable for any misinterpretation or misunderstanding.

\_\_\_\_ • I/We give permission to release photography, video or other artistic or electronic likenesses of my/our student to be used for school and ministry purposes including, but not limited to, publicity, promotion and security. Images are not shared with outside entities for other purposes.

\_\_\_\_ • I/We will be an active participant in my/our child's education and will volunteer at the school to support the school and its programs.

I/WE HAVE READ AND ACCEPT THE ABOVE STATEMENTS AND WILL ABIDE BY THE RULES, REGULATIONS AND DECISIONS SET FORTH BY LODI CHRISTIAN SCHOOL.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student (4<sup>th</sup>-8<sup>th</sup> required) \_\_\_\_\_ Date \_\_\_\_\_

LODI CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONALITY OR ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, SCHOLARSHIP AND TUITION ASSISTANCE POLICIES, AND ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS. LODI CHRISTIAN SCHOOL RESERVES THE RIGHT TO REFUSE ADMISSION TO ANYONE UNWILLING TO COMPLY WITH THE SCHOOL'S POLICIES OR UNABLE TO MEET AND/OR ACHIEVE THE SCHOOL'S LEVELS OF ACADEMIC OR BEHAVIORAL STANDARDS.