



Lima Christian School

1574 Rochester Street
Lima, NY 14485

Phone: (585) 624-3841
Fax: (585) 624-8293
www.limachristian.net

APPLICATION PROCESS CHECKLIST

2010/2011

Parents: This checklist is for your records. If you need any of the forms please contact the school office.

Student Name _____

Parts A and B below must be completed before the application will be reviewed by the committee.

Part A. Return the following with the application form:

- Application Form
- Application Fee \$50
- Student Academic History
- Birth Certificate
- Written Response Student
- Written Response Parent
- School Records request:
 - A. Release request form returned to LCS with application (or)
 - B. Release request sent directly to student's home school (Please attach note to the application that you have requested records directly)

Part B. Essential information required to process the application:

- Pastoral Reference (submit to your pastor; he/she will return directly to LCS)
- School Records received by LCS
Date _____
- Student screening completed by: _____ (teacher)
Date _____
- Parent and student interview with principal
Date _____
- Parent / Student Academic Advisement Interview with Guidance

Date of notification of acceptance _____

Enrollment forms will be enclosed with the letter of acceptance from Lima Christian School. Please return all enrollment forms within two weeks to secure a place in your child's class.

The following must be completed as part of the enrollment process:

- Enrollment Form – complete all parts and sign.
- Enrollment Fee \$125/child
- Student Information Form for the nurse's office
- Health History Form
- Physical (required of all new students and students entering grades K, 2, 4, 7, 10.) Date of Physical if it will not be done before forms are returned: _____
- Immunization Record (Dr. Copy ONLY)
- Student Statement of Support (grade 7-12)
- Family Volunteer Form



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NEW STUDENT APPLICATION

Enrollment for School Year 2010-2011
Grade Entering _____

STUDENT PROFILE

FOR OFFICE USE ONLY:

Date Application Received: _____
<input type="checkbox"/> \$50 Application Fee
<input type="checkbox"/> Student Academic History <input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Written Response Student <input type="checkbox"/> Written Response Parent
<input type="checkbox"/> School Records Request/ Date Records Received: _____
<input type="checkbox"/> Pastoral Reference
<input type="checkbox"/> Student and Parent Interview with Principal: _____
<input type="checkbox"/> Student Screening completed by: _____
ACCEPTED FOR GRADE: _____ DENIED: _____
BY: _____ Date: _____
Records Reviewed/Approved for Grade: _____
Acceptance/Enrollment Papers Sent: _____

Last Name: _____
 First: _____ M/I _____ Goes By: _____
 Social Security # _____ (required*) Birthday: _____ Age _____ M or F
 Street Address: _____ Home Phone _____ Publish phone in School Directory?
 _____ Yes No
 City: _____ State: _____ ZIP _____
 Family E-mail _____ School District Reside In: _____
 Church attending: _____ Church phone # _____
 Pastor's name: _____
 Address of Church: _____ City: _____ State: _____ ZIP _____
Student's Race* Am. Indian or Alaskan Native Black (not Hispanic)
 Asian or Pacific Islander Hispanic White (not Hispanic)

* Race info. used only to complete demographic info. forms required by NY State Education Department. Names never used.

Siblings:	Age / Grade	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT / GUARDIAN PROFILE

(Dr./Mr./Rev./Mrs./Ms/Miss) Last: _____ First: _____ Work Phone: _____
 Single Married Divorced* Separated* Widowed Remarried*
 Relationship to Student: Father Mother Legal guardian? Yes No
 Spouse name: _____ Work Phone : _____
 *If divorced, separated, or remarried, include child's other biological parent's name and address if they would like to receive newsletters from LCS. Name: _____
 Address: _____

(* Social security number required by law for school records, it is not published or distributed in any way except when student requests working papers.)

(application continued on the back)



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NEW STUDENT APPLICATION

- Yes No I/we have had an interview with the principal.
 Yes No Student has had an interview with the principal.

(If answer to the interview question for either parents, child, or both is “no,” please make an appointment by calling the school office. No application will be considered without an interview.)

Lima Christian School is committed to educating the “total child.” “Total child” refers to the following five aspects of development: mental, physical, emotional, social, and spiritual, and the combined effect that all have on a child’s growth and well being.

I/we understand that any information supplied is held in confidence and for the purposes of evaluating and determining the best educational plan for my child.

I/we understand that this is an *application for consideration* for admission to Lima Christian School and that if accepted, I will be notified by the school in writing of the acceptance for admission.

I/we also understand that if accepted for admission to Lima Christian School additional information and forms will need to be signed. These forms, including the \$125 enrollment fee, must be returned to Lima Christian School within two weeks of the acceptance letter to secure a place in the child’s class. Enrollment forms can be downloaded @ www.limachristian.net.

Parent/Guardian Signature: (if married, both must sign)

Father: _____ I have made a profession of faith in Christ. Yes No

Mother: _____ I have made a profession of faith in Christ. Yes No

Date of application: _____



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NEW STUDENT APPLICATION

Parent and student (grades 3-12) must complete the written response below.

Student

Write a short paragraph on why you would like to attend Lima Christian School.

Parent

Write a short paragraph on why you want your child to attend Lima Christian School.



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REQUEST FOR RECORDS

(Student Name) _____ has applied at Lima Christian School.

Grade _____ School Year _____

Please send copies of the following records within one week to Lima Christian School at the above address or fax to the attention of "Guidance." This student's application cannot be processed until these records are received.

- Transcripts
- Current Report Card
- Standardized Test Information
- Psychological / Social Records
- Copies of CSE Meeting Minutes
- Individualized Education Plan or 504 Plan
- Speech / Language
- Health / Medical Records
- Other Relevant Evaluation Information

My child currently attends:

School Name _____

Address _____

FAX _____

(Required)

I authorize the release of my child's records to Lima Christian School. I also give permission to Lima Christian School to administer other academic evaluations to be used in determining the best grade and class placement.

Parent / Guardian Signature _____ **Date** _____



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STUDENT ACADEMIC HISTORY

2010/2011

Student Name _____
Parent Name _____
Address _____
Parent Phone # _____
Grade applying for: _____

Name, Address & Phone # of School Transferring from: _____

School Fax # _____

Answer completely all of the questions below. (Information is held in confidence.)

List all schools your child has attended:	Grade(s)	School address, phone & contact person.
Has your child - -	NO	YES
been homeschooled?	<input type="checkbox"/>	<input type="checkbox"/> Grade(s) School district and address reported to:
applied to Lima Christian before?	<input type="checkbox"/>	<input type="checkbox"/> When?
skipped a grade?	<input type="checkbox"/>	<input type="checkbox"/> What grade?
participated in an enrichment or gifted education program?	<input type="checkbox"/>	<input type="checkbox"/> What grade? What area(s)?
repeated a grade(s)?	<input type="checkbox"/>	<input type="checkbox"/> What grade(s)?
received reading, writing, or math support services or tutoring?	<input type="checkbox"/>	<input type="checkbox"/> What support services or tutoring? (Grade level)
demonstrated behavioral difficulties at school?	<input type="checkbox"/>	<input type="checkbox"/> Describe the nature of behavioral difficulties.
been referred to public school district's Committee on Special Ed. (C.S.E.)?	<input type="checkbox"/>	<input type="checkbox"/> Does your child have any of the following: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Child did have an IEP or 504 Plan (circle) and has been declassified. Date of declassification: _____
had or is now having testing modifications for classroom or for state exams?	<input type="checkbox"/>	<input type="checkbox"/> Explain what modifications are extended.
been evaluated or received services by any of the following: Psychologist/counselor <input type="checkbox"/> No <input type="checkbox"/> Yes Speech or language specialist <input type="checkbox"/> No <input type="checkbox"/> Yes BOCES <input type="checkbox"/> No <input type="checkbox"/> Yes Medical doctor for ADD or ADHD <input type="checkbox"/> No <input type="checkbox"/> Yes Resource room teacher or learning disabilities specialist <input type="checkbox"/> No <input type="checkbox"/> Yes Other: _____		
Does your child take any medication that would need to be administered at school? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Does your child have any physical limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____		
What aspects of your child's previous education have you been: Most satisfied? Least satisfied?		

Parent's signature _____

Date _____