



Application for Enrollment

11633 137th St. N. Largo, FL 33774 | 727.517.2153

Date: _____

Student Information

(Please PRINT clearly and neatly)

Student's Name: _____
Last First M.I.

Address: _____
Street Address City State ZIP Code

Child's Date of Birth: _____ Age: _____ Grade applying for: _____

Is your student Male or Female? Male Female Student's SSN: _____

Student's Email: _____

Parent / Guardian Information

Mother / Legal Guardian: _____
Last First M.I.

Address (if different): _____
Street Address City State ZIP Code

Home Phone: _____ Cell Phone: _____

Employer Name: _____ Employer Phone: _____

Email Address: _____

Father / Legal Guardian: _____
Last First M.I.

Address (if different): _____
Street Address City State ZIP Code

Home Phone: _____ Cell Phone: _____

Employer Name: _____ Employer Phone: _____

Email Address: _____

Student lives with: ___Parents ___Mother ___Father ___Stepmother ___Stepfather ___Grandparent/s ___Guardian/s

Parents/Guardians are: ___married ___separated ___divorced ___mother remarried ___father remarried
___mother deceased ___father deceased

If separated or divorced, who has legal custody? _____

Attach copy of custody agreement to this application

Student's Name: _____

Emergency Care Release

I, _____, parent/guardian have enrolled my Student at Largo Christian School, and hereby authorized Dr. _____, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Largo Christian School activity. In the event Dr. _____ or any physician in his/her group practice is not available, I hereby authorized Largo Christian School, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or the medical personnel for my child whenever the authorized Largo Christian School believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

Signature *Date*

Print *Relationship to Child*

Emergency Contacts

Please list three (3) contacts the school can contact if the parents are unable to be reached in a case of an emergency.
(MUST BE FILLED OUT COMPLETELY)

Name *Phone Number* *Address* *Relationship to Child*

Name *Phone Number* *Address* *Relationship to Child*

Name *Phone Number* *Address* *Relationship to Child*

Student's Name: _____

Student's Healthcare Information

Please fill out all sections completely.

Physician Name: _____ Phone: _____

Address: _____

Does your Student have any allergies? YES NO Does your student have any health/medical needs? YES NO

If yes, please explain:

Due to any health conditions are there any activities your Student **can not** participate in?

Medical Insurance Provider: _____ Group Number: _____

Name of Insurer: _____ Member ID: _____

Copy of Insurance card provided? YES NO Copy of Immunization on file? YES NO

Student's Name: _____

Academic Information

Current School: _____
Full name of school

Address: _____
Street Address City State ZIP Code

Grades attended: _____ Number of years attended: _____

Type of School? Christian Private Public

Reasons for choosing Largo Christian: _____

Previous School: _____
Full name of school

Address: _____
Street Address City State ZIP Code

Grades attended: _____ Number of years attended: _____

Type of School? Christian Private Public

Reasons for changing previous school: _____

Has your student ever been:

Retained or failed a grade? YES NO _____
(if yes, please explain)

Suspended or Expelled? YES NO _____
(if yes, please explain)

A persistent discipline problem? YES NO _____
(if yes, please explain)

Arrested or on probation? YES NO _____
(if yes, please explain)

Student's Name: _____

Learning Needs

Has your student ever been tested for a learning disability? YES NO Where was he/she tested? School Private Court Ordered

Has your student ever had an Individualized Education Plan (IEP) or other learning plan? YES NO

(if yes, please explain)

Has your student been in a special education program? YES NO Where? _____

What type of assistance: _____

Has your student ever been tested for behavioral, psychological or developmental problems? YES NO Where was he/she tested? School Private Court Ordered

Does your student receive McKay, Step Up For Students, Hope, or Gardiner Scholarship? YES NO

(if yes, please explain)

Copy of scholarship awarded *(if applicable)*? YES NO Copy of IEP & testing for behavioral, psychological, developmental, or educational *(if applicable)*? YES NO

If applicable, please check all diagnosis that apply to your student based on his/her testing:

- | | | | |
|-----------------------------------------------|-----------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> ADD/ Hyperactivity | <input type="checkbox"/> ADD/ Inattentive | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Reading Disorder |
| <input type="checkbox"/> Mathematics Disorder | <input type="checkbox"/> Disorder of Written Expression | <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Pervasive Developmental Disorder | <input type="checkbox"/> Asperger's Disorder | <input type="checkbox"/> Sensory Integration Disorder |
| <input type="checkbox"/> Tourette's Syndrome | <input type="checkbox"/> Expressive Language Disorder | <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other _____ | | |

Does your student have any physical conditions or ongoing medical condition that impairs learning potential? YES NO

(if yes, please explain)

Does your student have any physical health problem/s such as allergies, dietary restrictions or activity limitations? YES NO

(if yes, please explain)

Does your student regularly attend:

- | | | | |
|--------------------------------------------------|---------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Professional Counseling | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Pastoral Counseling | <input type="checkbox"/> Medical Treatments |
| <input type="checkbox"/> Medication Monitoring | <input type="checkbox"/> Physical/ Occupational Therapy | <input type="checkbox"/> Other _____ | |

Student's Name: _____

Student's Interest

Preferred activities: _____

Academic achievements: _____

Awards or honors: _____

Personal strengths: _____

Your family became interested in Largo Christian School due to:

- | | | | |
|-------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Recommendation of current student/family | <input type="checkbox"/> Church member of Largo Christian Church | <input type="checkbox"/> Pastor's Recommendation | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Location | <input type="checkbox"/> Social Media/ Website | <input type="checkbox"/> Other _____ | |

Your family choose Largo Christian School because of:

- | | | | |
|---------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Location | <input type="checkbox"/> Preference for Christian School | <input type="checkbox"/> Academic Program | <input type="checkbox"/> Outstanding Staff & Faculty |
| <input type="checkbox"/> Personalized Learning Accommodations | <input type="checkbox"/> Service Learning Emphasis | <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Other _____ |

Parental/Guardian's Recognition

By completing this application to Largo Christian School, I/We as parent/s or guardian/s understand that:

- Largo Christian School is an interdenominational school, a ministry of Largo Church, that is open to students of any race, ethnicity or national origin who qualify for and may benefit from our academic programs.
- Largo Christian School makes the final decision on grade placement and later on promotion or retention.
- All new students enter on a conditional basis. We reserve the right to dismiss any student who does not respect our spiritual standards, cooperate in the educational process, accept our behavioral rules or become unsuitable for our academic programs.
- Largo Christian School reviews transfer credits, grades, discipline reports and placement according to its own standards. The standards of other schools may differ. Our judgment on these matters for incoming students is final.
- Reenrollment is not guaranteed and may be denied at the discretion of Largo Christian School Principle due to problems with academics, behavior or lack of cooperation.

Parent/Guardian Signature

Date

Print

Relationship to Student

Interviewed for Largo Christian by: _____ Date: _____ School Year: _____

Notice of Non-Discrimination: Largo Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally made available to students at our school. We do not discriminate on basis of race, color, national or ethnic origin in administration of educational policies, admissions policies, financial aid, athletics and other school administered programs.