



# LAKE COUNTRY CHRISTIAN SCHOOL

4101 S. Maple  
Sand Springs, OK 74063

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www.lakecountrychristianschool.com

Middle School Students and Parents,

Welcome to LCCS MS. We were surprised and sad that Miss Dunning and Mrs. Stephan resigned, but God loves LCCS, and He sent us Mrs. Mendy Huff. Mrs. Huff has been a teacher for over 39 years and is well loved by her students. She is creative, knowledgeable, and loves teaching. We are so thankful she is joining the LCCS family. We are currently waiting for God to send us another Middle School teacher to work with Mrs. Huff.

Here are the fees that you need to send in (if you have not already):

- \$100 enrollment fee
- \$150 supply fee
- \$150 book fee

Please bring your enrolment forms (if not already submitted) to “Meet the Teacher” morning, 11:00, Saturday, August 22.

All your supplies will be purchased and ready. All you need to purchase for school is:

- Book bag (no rolling bags)
- Lunch pail
- Water bottle that does not leak
- Ear phones or ear buds for the computer
- Laptop or chrome book

Please bring a swim suit for the first couple of weeks of school. You do not need a towel.

**SCHOOL BEGINS AT 8:20 a.m.** on Wednesday, August 26th.



# Enrollment Packet

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(Please print legibly)

Student's FULL name \_\_\_\_\_ d.o.b. \_\_\_\_\_ age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

MOTHER'S name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Email address \_\_\_\_\_

Church membership \_\_\_\_\_ Interests/Hobbies \_\_\_\_\_

FATHER'S name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Email address \_\_\_\_\_

Church membership \_\_\_\_\_ Interests/Hobbies \_\_\_\_\_

Child lives with (circle) MOTHER FATHER other \_\_\_\_\_

Other caregivers \_\_\_\_\_

In case of emergency, other than Mother and Father, contact:

name \_\_\_\_\_ phone #s \_\_\_\_\_

relationship to student \_\_\_\_\_ other phone #s \_\_\_\_\_

Persons authorized to pick up your child. This information MUST be completed 100% for each authorized person.

name	phone	driver's license #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your family attend church regularly? \_\_\_\_\_

Parents' education:

Father  
Completed high school    yes    no  
Years of college \_\_\_\_\_  
Degree \_\_\_\_\_  
Trade School \_\_\_\_\_  
Area of study \_\_\_\_\_

Mother  
Completed high school    yes    no  
Years of college \_\_\_\_\_  
Degree \_\_\_\_\_  
Trade School \_\_\_\_\_  
Area of study \_\_\_\_\_

Siblings living with child:

name	age	sex
_____		
_____		
_____		

Siblings NOT living with child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other schools your child has attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything of which you need to make LCCS aware in confidence that affects your child's learning or socialization, or any special needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Health

Has your student had chicken pox?    yes    no    Date: \_\_\_\_\_

Other diseases and dates: \_\_\_\_\_

\_\_\_\_\_

Surgeries and dates: \_\_\_\_\_

\_\_\_\_\_

Continuing health problems: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_

hospital \_\_\_\_\_

Dentist: \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_

LAKE COUNTRY CHRISTIAN SCHOOL  
*AUTHORIZATION TO TREAT A MINOR*

I (we), the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examinations, anesthetic, medical, or surgical diagnosis and treatment and emergency hospital care which is advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from said state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient. But that any of the above treatment will not be with help if the undersigned cannot be reached.

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
signature of father or legal guardian

Date: \_\_\_\_\_  
signature of mother or legal guardian

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

DRUG ALLERGIES \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

Pertinent medical information \_\_\_\_\_  
\_\_\_\_\_

Last TETNUS booster \_\_\_\_\_

Emergency Phone #s Mother \_\_\_\_\_

Father \_\_\_\_\_

Financial responsibility \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Child's physician \_\_\_\_\_ phone # \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

LAKE COUNTRY CHRISTIAN SCHOOL  
*SCHOOL TRANSPORTATION PERMISSION*

I hereby give my permission for Lake Country Christian School to transport \_\_\_\_\_ provided that the driver has liability insurance in force and has a valid Oklahoma driver's license. I understand that this form is supplied by the Department of Institutions, Social and Rehabilitative Service for the convenience of the child care facility and myself, and that supplying this form in no way imposes any responsibility or obligation upon that department.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date

LAKE COUNTRY CHRISTIAN SCHOOL  
*Permission to Participate in School Activities*

I hereby grant permission for \_\_\_\_\_ to use all of the play equipment and participate in all of the activities of Lake Country Christian School.

I hereby grant permission for my child to be included in evaluations and pictures connected with Lake Country Christian School.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks, bike rides, or field trips in an authorized vehicle. Notice will be placed in the office if children are taken from the premises.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date



Superior Education from a Christian Perspective

## PARENTS' AND STUDENT'S CONTRACT

Student \_\_\_\_\_ Grade \_\_\_\_\_

Please check the following statements, if true, and sign below:

\_\_\_\_ I have received and read the Lake Country Christian Secondary School Handbook.

\_\_\_\_ I understand and agree to follow the policies and/or procedures stated in the LCCSS Handbook.

\_\_\_\_ I have completed and signed ALL Enrollment Forms and Releases.

\_\_\_\_ I agree that tuition is due on the first of each month.

Do you need to make other tuition arrangements? \_\_\_\_\_

\_\_\_\_ I understand and agree that if my tuition is not received by the fifth of the month, unless other payment arrangements have been made, that my child will be dropped from enrollment at Lake Country Christian School.

\_\_\_\_ I agree to volunteer 5 hours of service, per family, to Lake Country Christian School

\_\_\_\_\_  
Father's signature or legal guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
Mother's signature or legal guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
date