



*Land O' Lakes*  
**CHRISTIAN SCHOOL**  
*"Educating for Eternity"*

## Junior/Senior High Enrollment Guidelines

Dear Jr./Sr. High Parents,

We would like to thank you for your interest in Land O' Lakes Christian School. Your student has reached an exciting time in his/her life. We here at LOLCS are thankful for the opportunity to work with you providing training for your student. We look forward to an exciting school year filled with many new opportunities.

### Application Procedure

1. Review the LOLCS Statement of Faith to determine if the school would be a good fit for your family with regards to doctrinal views and practices.
2. LOLCS has a selective enrollment policy. Students with significant academic or behavioral concerns or major doctrinal differences may not integrate well into our school program. If we determine this is the case, the application fee is fully refundable.
3. Schedule a parent/student interview with the Administrator, Mr. Nichols. A brief history of the church and school will be presented along with a summary of the school's philosophy, standards, and policies. **Please bring report cards and achievement test results for the past two (2) years to the interview.**
4. The student and family must be faithfully attending a church of like faith and practice. A pastoral reference form (available in the school office) completed by the student's pastor will be required for enrollment.
5. The school office will contact the family to arrange entrance testing.
  - The testing is used to identify the student's strengths and weaknesses; it is not a "pass or fail" exam.
  - The school administration will contact your family with the testing results and may offer suggestions for summer study to prepare the student for class.
  - The New Student Testing Fee is due at the time of the testing.
6. Applications and application fees (non-refundable) will be accepted during the Open Enrollment period.

### Enrollment Procedure

1. Once the student has been accepted for enrollment, additional documents will be provided to your family to be completed prior to the start of school.
3. In addition, the following documents will be needed in order for your student to begin school in August:
  - Copy of Birth Certificate**
  - Student Health Exam Form (DH 3040 - original)**  
*NOTE: New students must have an up-to-date form (exam performed after their 6th grade academic year) including a postural exam.*
  - Florida Certificate of Immunization (DH 680 - original)**  
*NOTE: Part A-2 of this form must be completed (Hepatitis B).*

If you have any questions, the school office staff will be happy to assist you. We look forward to having the opportunity to meet with you personally.



# Admission Application

## 2010-2011

### Student Information

SSN: \_\_\_\_\_ Application Date: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Goes By: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 Age (as of 9/1/10): \_\_\_\_\_ **Incoming** Grade Level: \_\_\_\_\_

Ethnicity (OPTIONAL-circle up to two): Hispanic/Latino American Indian/ Alaska Native Asian Black/ African American Native Hawaiian/ Other Pacific Islander White

### Family Information

#### Father

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Lives with Student (circle one)? Yes No  
 Marital Status (circle one):  
 Married (1st time) Remarried Separated Divorced Single  
 Church Attending: \_\_\_\_\_  
 Authorized to Pick Up Student from School?  
 Yes No

#### Mother

Miss/Mrs/Ms First Name: \_\_\_\_\_  
 MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Lives with Student (circle one)? Yes No  
 Marital Status (circle one):  
 Married (1st time) Remarried Separated Divorced Single  
 Church Attending: \_\_\_\_\_  
 Authorized to Pick Up Student from School?  
 Yes No

The contact information in this section may be published in the LOLCS School Directory which is distributed to other LOLCS families. Please circle OPT OUT in the space provided if you **DO NOT** wish for your contact information to be published in this manner. OPT OUT

**-- OVER --**

Application Fee	Date Paid:	Tuition Code:	Registrar Initials:	Administrative Initials:
	Amount:			

# Education



# Information

Why do you desire to enroll your child? \_\_\_\_\_

Where did you hear about LOLCS? \_\_\_\_\_

Has your student ever applied to or attended LOLCS previously? \_\_\_\_\_

Last school attended: \_\_\_\_\_

Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your student struggle academically and/or have any disciplinary problems? \_\_\_\_\_

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

Has your student ever been suspended/dismissed from school/daycare? \_\_\_\_\_

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

# Medical



# Information

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Special Needs/Instructions: \_\_\_\_\_

*Land O' Lakes Christian School admits students of any race, color, and national and 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, or national and ethnic origin in the administration of its educational policies, admission policies, scholarships, or athletic and other school administered programs.*