

LCA / SOUTHERN UNION CONFERENCE ELEMENTARY REGISTRATION APPLICATION – NEW STUDENTS ONLY

SCHOOL: **LESTER COON ADVENTIST SCHOOL** GRADE: K 1 2 3 4 5 6 7 8

STUDENT'S LEGAL NAME: _____
Last First Middle Nickname

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month Day Year City State

VERIFICATION OF BIRTH: _____ SEX: MALE FEMALE

CURRENT ADDRESS & PHONE: _____

PRIOR ADDRESS & PHONE: _____

CHURCH CHILD ATTENDS: _____ DENOMINATION: _____

BAPTISM – PLACE: _____ DATE: _____ AGE: _____

PARENTS' INFORMANT	MOTHER	FATHER	GUARDIAN
Legal Name			
Relation to Child	Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/>	Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/>	Specify:
Home Phone			
Cell Phone			
Occupation			
Education			
Business Address			
Business Telephone			
Date of Birth			
Place of Birth			
U.S. Citizen			
SDA Member			
Marital Status			

ADDRESS if different than student's above: _____

ANY NON-SIBLINGS living with family: _____ RELATION TO CHILD: _____

LIST ALL CHILDREN IN FAMILY IN ORDER OF BIRTH INCLUDING THIS CHILD:

NAME	LIVES AT HOME?	SEX	DATE OF BIRTH	STEP SIBLING?

FACTORS WHICH MAY INTERFERE WITH CHILD'S LEARNING: (check all)
 HEARING NERVES
 SIGHT FATIGUE
 SPEECH NUTRITION
 HEART
 EMOTIONAL STATE
 LANGUAGE OTHER THAN ENGLISH USED IN HOME

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ PHONE: _____

PHYSICIAN TO CALL IN CASE OF EMERGENCY: _____ PHONE: _____

If this physician is unavailable, does school have permission to call an alternate? YES NO

STUDENT WILL GO TO AND FROM SCHOOL: FAMILY CAR BICYCLE WALK CAR POOL SCHOOL BUS PUBLIC TRANSPORTATION

HAS STUDENT EVER BEEN EXPELLED FROM ANY SCHOOL? NO YES (PLEASE EXPLAIN ON BACK OF THIS FORM)

TRANSFER STUDENTS ONLY – LAST SCHOOL ATTENDED: _____

ADDRESS: _____

PHONE: _____ DATE OF LAST ATTENDANCE: _____ GRADE COMPLETED: _____*

* NOTE: Grade placement of transfer pupils is tentative until official transcripts and records are received from last school.

We understand the requirements and regulations of the school and pledge our full cooperation.

STUDENTS SIGNATURE _____ PARENT'S OR GUARDIAN'S SIGNATURE _____ DATE _____

OFFICE USE ONLY LEGAL NAME: _____ LAST _____ FIRST _____ MIDDLE _____ NICKNAME _____
 APPROVED FOR SCHOOL YEAR 20____, 20____, 20____ WITHDRAWAL DATE (IF APPLICABLE): _____ REASON: _____
 EIGHTH GRADE DIPLOMA DATE: _____ EIGHTH GRADE CERTIFICATE DATE: _____
 CIRCLE GRADE K 1 2 3 4 5 6 7 8