

**Department of Policy, Records & Reporting**

**LAKOTA CHRISTIAN SCHOOL**

**NEW STUDENT INFORMATION**

**West Chester, OH 45069**

**INSTRUCTIONS:** This form is to be completed by parent or legal guardian. For all students new to LCS, the verification of the following must be presented at the time of enrollment: residency, age, and immunizations.

\_\_\_\_\_ *Legal Last Name*      \_\_\_\_\_ *Legal First Name*      \_\_\_\_\_ *Legal Middle Name*      \_\_\_\_\_ *Social Security No.*

Male       Female      Grade Entering \_\_\_\_\_      Birthdate \_\_\_\_\_      **Student ID #:** \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

**Proof of Age**

Birth certificate       Baptism Certificate       Parent's Affidavit       Passport/Visa

Physician's Certificate       Other \_\_\_\_\_

**Residency**

\_\_\_\_\_ *Street Address*      \_\_\_\_\_ *City*

\_\_\_\_\_ *State*      \_\_\_\_\_ *Zip*      \_\_\_\_\_ *Home Phone*

**Proof of Residency**

Current property tax bill

Lease & current utility bill

**Language for Written Communication**

Chinese       English       French       Spanish       Vietnamese

F-/J-1 Immigration Status       Yes       No      U.S. Citizen       Yes       No

If No:      Date entered U.S.: \_\_\_\_\_      Date 1st entry into US School: \_\_\_\_\_

**Immunizations**

Proof of immunizations compliance rules requires a copy of one of the following:

Ohio Department of Health Certificate

Computer-generated printout from doctor's office

**Ethnicity**

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates student's heritage.

**Is this student Hispanic or Latino?** (Select one answer)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino.**       Yes       No

2. **RACE DESIGNATION.** Read the descriptions below and check the boxes that indicate student's race. **You must select at least one race, regardless of ethnicity designation. More than one response can be selected.**

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, or Viet Nam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**PRIOR SCHOOL EXPERIENCE**

Has student previously attended LCS?  Yes  No

If yes, give dates of attendance: \_\_\_\_\_

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of withdrawal Last Grade

Public School  Private School

Adult responsible for student living at current address:

Relationship:  Mother  Father  Guardian

Other: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name (if other than above): \_\_\_\_\_

Relationship:  Mother  Father  Guardian

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Adult responsible for student living at current address:

Relationship:  Mother  Father  Guardian

Other: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name (if other than above): \_\_\_\_\_

Relationship:  Mother  Father  Guardian

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Siblings' (name)	Birth date	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-custodial parent (if applicable)

\_\_\_\_\_  
Name Address  
Custody concerns?  Yes  No If yes, contact school

**OTHER INFORMATION**

Has student ever been suspended from school?  Yes  No  
 If yes, is the student currently suspended?  Yes  No  
 Has student ever been expelled from school?  Yes  No  
 If yes, is student currently expelled?  Yes  No

The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment.

\_\_\_\_\_  
Signature, Parent/Legal Guardian

\_\_\_\_\_  
Date