



New Student Application

LOVE. LEARN. LEAD.

Grade Entering _____

New Student Profile

Last Name _____ First _____ M.I. _____

Goes By or Nickname _____ DOB _____ M or F _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Family E-mail _____

School District Residing in _____

Church Attending (if applicable) _____

Address of Church _____

Pastor's Name _____

Student's Race*

- Am. Indian or Alaskan Native
- Black (not Hispanic)
- Hispanic
- White (not Hispanic)
- Asian or Pacific Islander

**Race information is used only to complete demographic information forms required by NY State Education Department. Names are never used.*

Please check if interested in playing a sport (grades 7–12 only)

Sibling Name(s)	Age/Grade	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you were referred by a current LCS family, please provide their name:



1574 Rochester St,
Lima NY, 14485



(585) 624-3841



@lcssaints



www.limachristian.org



(585) 624-8293



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Parent/Guardian Profile

Last _____ First _____

Married Single Divorced/Separated* Widowed Remarried*

Work Phone _____ Cell Phone _____

Relationship to student(s): Father Mother

If not father or mother, legal guardian? Yes No

Spouse Name: Last _____ First _____

Work Phone _____ Cell Phone _____

** If divorced, separated or remarried, include child's other biological parent's name and phone number.*

Name _____ Phone _____

Street Address _____ City _____

State _____ Zip _____

Lima Christian School is committed to educating the "total child." "Total child" refers to the following five aspects of development: mental, physical, emotional, social and spiritual, and the combined effect that all have on a child's growth and well being.

I/we understand that any information supplied is held in confidence and for the purposes of evaluating and determining the best educational plan for my child.

I/we understand that this is an application for consideration for admission to Lima Christian School and that if accepted, I will be notified by the school in writing of the acceptance for admission.

I/we also understand that if accepted for admission to Lima Christian School, additional information and forms will need to be signed. These forms, including the \$125/student (\$375 family maximum) enrollment fee, must be returned to Lima Christian School within two weeks of the acceptance letter to secure a place in the child's class. Enrollment forms can be found at www.limachristian.org. To request enrollment forms by mail, please contact Patty Pragle at registrar@limachristian.org or 585-624-3841, ext. 103.

I have read the above and agree to the terms and conditions of the application process at Lima Christian School.

Parent/Guardian Signature: (If married, both must sign)

Father _____ Mother _____ Date _____



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Student Academic History

Student Name _____ Parent Name _____

Answer all of the questions below. (Information is held in confidence)

List all schools your child has Attended	Grade(s)	School address, phone & contact person
<p>Has your child:</p> <p>Been home schooled:</p> <p>Applied to Lima Christian before? Skipped a grade? Repeated a grade? Received reading, writing, or math support services or tutoring?</p> <p>Demonstrated behavioral difficulties at school?</p> <p>Been referred to public school district's Committee on Special Education (CSE)?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes – If yes, provide grade(s)/school district reported to:</p> <p><input type="checkbox"/> Yes – When? <input type="checkbox"/> Yes – What grade? <input type="checkbox"/> Yes – What grade(s)? <input type="checkbox"/> Yes – What support services or tutoring (grade level)?</p> <p><input type="checkbox"/> Yes – Describe the nature of behavioral difficulties</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP or 504 Plan (circle) and has been declassified. Date of declassification:</p>
<p>Has your child been evaluated or received services by any of the following:</p> <p>Psychologist/counselor? Speech or language specialist? BOCES? Medical doctor for ADD or ADHD? Taking any medication that needs to be administered at school?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes</p>



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Request for Records

Please submit this completed form to your home district or mail it to Lima Christian School to the attention of our Registrar Patty Pragle and she can submit it on your behalf.

Student Name _____ has applied to Lima Christian School. (Please do not take this student out of your system at this time. This is only a portion of the process before acceptance).

Current Grade _____ School Year _____

Request for Records from:

School Name _____

Address _____

Fax _____

Please send copies of the following applicable records within one week to Lima Christian School or fax records to the attention of "Registrar."

- Transcripts
- Current Report Card
- Standardized Test Information
- Psychological/Social Records
- Copies of CSE Meeting Minutes
- Individualized Education Plan or 504 Plan
- Speech/Language
- Health/Medical Records
- Other Relevant Evaluation Information

I authorize the release of my child's records to Lima Christian School, and if necessary, to Honeoye Falls Lima Special Education Department. I also give permission to Lima Christian School to administer other academic evaluations to be used in determining the best grade and class placement.

Parent/Guardian Signature _____ Date _____



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Personal Reference Form

Parents, please fill in the portion marked for parents. Give the form, along with a stamped envelope addressed to Lima Christian School, to your personal reference for return directly to LCS.

Parents please complete this section:

Father/Guardian _____ Phone _____

Mother/Guardian _____ Phone _____

Children and (grade) enrolling in at LCS:

_____ (____) _____ (____)

_____ (____) _____ (____)

_____ (____) _____ (____)

Personal reference, please complete this section:

1. How long have you known this family?
2. Would you recommend this family to our school?
3. How is this family involved in their community?
4. Is there any additional information you would like to share?

Name _____ Phone _____

Address _____

Signature _____ Date _____



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Bus Transportation Information

You are eligible for transportation to LCS from your public school district if you meet all of the below criteria:

1. The district has at least one family attending LCS living within 15 miles of LCS by the shortest route clocked by the district from that family's home to LCS, and
2. You apply in writing to your public school district for transportation by April 1st* for the next school year, and
3. You return your request to your public school transportation office (not the LCS office).

*After April 1st, the district is not obligated to provide transportation. However, the district may transport your child/children if it is already transporting students to LCS and it has space available on the bus.

It is your responsibility to make your request each year for transportation directly from your district by April 1st. LCS is not involved in the request procedure. Even if you are unsure of your enrollment at LCS at this time, it is best to apply for transportation. You can always cancel your request if plans change.



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