



Application for Admission

Grade Entering: _____ **School Year:** _____ **Date:** _____

Child's Legal name: _____

Street address: _____

Sex: M F **Age:** _____ **Date of birth:** _____ **Birthplace:** _____

Home telephone: _____ **Email:** _____

Parent's Cell: _____

Father's name: _____ **Mother's name:** _____

Father's Employer _____ **Work phone:** _____

Mother's Employer: _____ **Work phone:** _____

Child lives with: ___ both parents ___ mother

___ father/step mom ___ father

___ mother/ step dad ___ other

___ grandparent

Legal guardian if other than parent: _____

Relationship: _____ **Address/phone:** _____

Siblings:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

School previously attended:

Name: _____ **Grade:** _____

Address: _____ **Phone:** _____

Has child repeated any grade? _____ **If so, what grade?** _____

Does this child have a physical disability or limitation that might require some adjustment to a normal student schedule? Yes _____ No _____

If yes, please explain:

Does this child have a learning disability or limitation that might require special professional assistance? Yes _____ No _____ If yes, is the learning problem diagnosed? Yes _____ No _____ Does the student have an IEP in place? _____
Please attach a copy of the IEP.

Medical History:

Allergies or medical conditions of which we should be aware:

Does this child take prescription medicine regularly? Yes _____ No _____ If yes, please fill out the medication form included in the registration packet.

Has this child been hospitalized within the past year? Yes ____ No ____

If yes, please explain and give the date:

**Has this child ever been treated for any nervous, mental, or emotional disorder?
Yes ____ No ____ If yes, please give the name of the doctor or facility
providing care and the dates of care.**

Name of church to which you belong:

Pastor's name: _____

How often do you attend? Weekly ____ Monthly ____ occasionally ____

Reasons for considering North Liberty Christian School:

**Was there a person or family who lead you to registering with NLCS? If so,
whom?**

Parent Signature _____ Date _____

**Please return to the school office along with a registration
fee of: \$25**

**Tuition costs \$3500/year and can be paid monthly starting
August 15th. There is also a one-time Book fee of \$250 and a
Tech fee of \$50.**

