



STUDENT ENTRY

2018-2019

Vision Statement: Living Faith Academy provides Christian Education to develop student character, morals and values that challenge them to grow spiritually, academically, and socially.

SECTION I

STUDENT DEMOGRAPHICS/ENROLLMENT

1. STUDENT ID		2. CHILD'S LEGAL LAST NAME JR/SR/ETC.		CHILD'S LEGAL FIRST NAME		MIDDLE NAME	
3. AKA (ALSO KNOWN AS)		4. SOCIAL SECURITY NUMBER		5. FLORIDA ID			
6A. IS YOUR CHILD HISPANIC OR LATINO? () YES () NO						7. GENDER	
6B. RACE (CHECK ALL THAT APPLY)						8. BIRTH DATE	
<input type="checkbox"/> W - WHITE <input type="checkbox"/> B - BLACK OR AFRICAN AMERICAN <input type="checkbox"/> I - AMERICAN INDIAN OR ALASK NATIVE						<input type="checkbox"/> M — MALE <input type="checkbox"/> F — FEMALE MO. DAY YR	
9. BIRTH VERIFICATION (CHECK ONE)							
<input type="checkbox"/> CERTIFIED BIRTH CERTIFICATE <input type="checkbox"/> BAPTISMAL CERTIFICATE WITH DOB AND PLACE OF BAPTISM AND PLACE OF BAPTISM AND PARENT'S SWORN, NOTARIZED AFFIDAVIT <input type="checkbox"/> SCHOOL RECORD, AT LEAST FOUR YEAR PRIOR, SHOWING DATE OF							
<input type="checkbox"/> OUT OF STATE TRANSFER RECORDS OR MSRTS NOT VALID FOR PRE-K OR KINDERGARTEN <input type="checkbox"/> PASSPORT OR CERTIFICATE OF ARRIVAL IN THE UNITED STATES DO NOT COPY THIS DOCUMENT <input type="checkbox"/> NO VERIFICATION							
10. COURT ORDER OR DIVORCE PAPERS		11. BIRTH PLACE (CITY OF BIRTH)		BIRTH STATE (STATE WHERE BORN)		BIRTH COUNTRY (COUNTRY OF BIRTH)	
12. COUNTY OF RESIDENCE		13. RESIDENCY STATUS OF STUDENT (CHECK ONE)					
		<input type="checkbox"/> OUT OF COUNTY FLORIDA RESIDENT <input type="checkbox"/> OUT OF STATE RESIDENT <input type="checkbox"/> VOLUSIA COUNTY RESIDENT <input type="checkbox"/> FOREIGN EXCHANGE STUDENT					
14. RESIDENTIAL ADDRESS OF STUDENT (HOUSE NUMBER, DIRECTION, STREET NAME)				APT NO.		CITY	
						STATE	
						ZIP CODE	
15. RESIDENCE PHONE NUMBER				16. PUBLISH DIRECTORY INFORMATION?			
UNLISTED () YES () NO				(PUBLISHED INFORMATION NOT SHARED UNLESS FOR EDUCATIONAL PURPOSE)			
() - ()				<input type="checkbox"/> YES <input type="checkbox"/> NO ADDRESS <input type="checkbox"/> NO PHONE <input type="checkbox"/> NO PHONE AND ADDRESS <input type="checkbox"/> NO, MEMBER OF LAW ENFORCEMENT			

SECTION II

ENROLLMENT/ADMISSION APPLICATION

17. LAST SCHOOL ATTENDED		PRIOR GRADE LEVEL		STREET ADDRESS OF LAST SCHOOL ATTENDED		CITY/STATE	
ZIP CODE		PHONE NUMBER		17A. DATE WITHDRAWN (from previous school)		17B. PRIOR STATE (STATE)	
				MO. DATE YR. / /		17C. PRIOR COUNTY	

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

18. HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASS (check all that apply)?

() SPEECH () LD () ESOL () GIFTED () 504 () OTHER _____

19. DOES YOUR CHILD HAVE AN IEP?

() Yes () No

SECTION III**GENERAL INFORMATION FEDERAL TAB**

20. MILITARY FAMILY STUDENT—These include children of 1) active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. ss. 1209 and 1211; 2) members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement; and 3) members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of 1 year after death.

Mark yes if your family meets the Military Family criteria

() Yes

SECTION IX

21A. IS YOUR CHILD COVERED BY MEDICAID? () Yes, Child has Medicaid () No

21B. DOES YOUR CHILD HAVE INSURANCE OTHER THAN MEDICAID? (Please check one): **22. IS YOUR CHILD IMMUNIZATION UP-TO-DATE? (Copy is needed)**

() Child has Health Care Insurance () Child does not have Health Care Insurance/Medicaid () Yes () No

() Child has Healthy Kids Insurance

SECTION V**CONDITIONS**

23. DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION? () Yes () No

IF YES, PLEASE INDICATE WHETHER THE CONDITION REQUIRES ANY OF THE FOLLOWING (Med. Alert Req) (Please check all that apply):

() Asthma Inhaler () Diastat () Epi-Pen () Insulin Injection

24. HEALTH CONDITIONS: Please check all that apply. Indicate the date of diagnosis (if known), and whether medication is required.

CONDITIONS	DATE DIAGNOSED	MED REQ. ?	CONDITION	DATE DIAGNOSED	MED REQ. ?
() Allergy—Aspirin	___/___/___	()	() Hernia	___/___/___	()
() Allergy—Insect Bites	___/___/___	()	() Heart Disease	___/___/___	()
() Allergy—Iodine	___/___/___	()	() Hypertension	___/___/___	()
() Allergy—Penicillin	___/___/___	()	() Kidney Disease	___/___/___	()
() Allergy—Sulfa	___/___/___	()	() Leukemia	___/___/___	()
() Allergy—Other	___/___/___	()	() Medical Alert	___/___/___	()
() Anemia	___/___/___	()	() Muscular Dystrophy	___/___/___	()
() Anaphylactic Reaction	___/___/___	()	() Motor Impairment	___/___/___	()
() Asthma	___/___/___	()	() Multiple Health Problems	___/___/___	()
() Attention Deficit Hyperactivity Disorder	___/___/___	()	() Physical Development	___/___/___	()
() Cerebral Palsy	___/___/___	()	() Physical Impairment	___/___/___	()
() Diabetes	___/___/___	()	() Pregnancy	___/___/___	()
() Ear Infection-Repeated	___/___/___	()	() See School Records	___/___/___	()
() Pen Injection	___/___/___	()	() Rh. Negative Blood	___/___/___	()
() Epilepsy	___/___/___	()	() Scoliosis	___/___/___	()
() Gastro Intestinal Condition	___/___/___	()	() Seizure Disorder	___/___/___	()
() Hearing Impairment	___/___/___	()	() Sickle Cell	___/___/___	()
() Hypoglycemia	___/___/___	()	() Speech Impairment	___/___/___	()
() Hemophilia	___/___/___	()	() Urological Condition	___/___/___	()
() Visual Impairment	___/___/___	()	() None of the above		

SECTION X—MISCELLANEOUS

25.. LAW 1006.07(1)(b) F.S, REQUIRES EACH STUDENT TO NOTE AT INITIAL TIME OF REGISTRATION FOR SCHOOL ANY PREVIOUS SCHOOL EXPUSIONS, ARREST RESULTING IN A CHARGE AND JUVENILE JUSTICE ACTIONS THE STUDENT HAS HAD.

PLEASE INITIAL THE FOLLOWING:

HAS YOUR CHILD EVER BEEN:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXPELLED FROM A PREVIOUS SCHOOL?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	PLACED UNDER ARREST WHICH RESULTED IN A CHARGE?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	INVOLVED IN A JUVENILE JUSTIC PROGRAM?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SUSPENDED FROM A PREVIOUS SCHOOL?

SECTION XI

CONTACTS

NAME OF PARENT(S)/LEGAL GUARDIAN OR PERSON WITH WHOM CHILD LIVES

26. LEGAL MOTHER'S LAST NAME	FIRST NAME	MIDDLE
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CONTACT IS RESTRICTED FROM ACCESSING STUDENT (Court Order Required) _____ Contact Restricted

PICK UP: () Yes () No	CUSTODY: () Yes () No	STUDENT RESIDES WITH THIS PERSON () Yes () No	IF STUDENT DOES NOT RESIDE WITH THIS PERSON: SEND MAILINGS: () Yes () No SEND REPORT CARDS: () Yes () No		
EMPLOYER NAME		WORK PHONE NBR () -	CELLULAR PHONE NBR () -	RESIDENCE PHONE NBR () -	UNLISTED? () Yes () No
PRIMARY EMAIL ADDRESS					

27. RESIDENCE ADDRESS (IF DIFFERENT THAN STUDENT)	APT. NO.	CITY	STATE	ZIP CODE
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28. MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)	APT. NO.	CITY	STATE	ZIP CODE
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29. LEGAL FATHER'S LAST NAME	JR/SR/ETC	LEGAL FIRST NAME	MIDDLE
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CONTACT IS RESTRICTED FROM ACCESSING STUDENT (Court Order Required) _____ Contact Restricted

PICK UP: () Yes () No	CUSTODY: () Yes () No	STUDENT RESIDES WITH THIS PERSON () Yes () No	IF STUDENT DOES NOT RESIDE WITH THIS PERSON: SEND MAILINGS: () Yes () No SEND REPORT CARDS: () Yes () No		
EMPLOYER NAME		WORK PHONE NBR () -	CELLULAR PHONE NBR () - ()	RESIDENCE PHONE NBR () -	UNLISTED? () Yes () No
PRIMARY EMAIL ADDRESS					

()

30. RESIDENCE ADDRESS (IF DIFFERENT THAN STUDENT)	APT. NO.	CITY	STATE	ZIP CODE
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31. LEGAL GUARDIAN'S LAST NAME	JR/SR/ETC	LEGAL GUARDIAN'S FIRST NAME	MIDDLE
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CONTACT TYPE: (check one)		PICK UP:	CUSTODY:	STUDENT RESIDES WITH THIS PERSON
_____ Legal Guardian	_____ Guardian Ad Litem/Guardian-In-Fact, Etc.	() Yes	() Yes	() Yes () No
_____ No Parent/Legal Guardian Required	_____ Surrogate Parent	() No	() No	
_____ Other				

LEGAL GUARDIAN OCCUPATION	EMPLOYER NAME	** PRIMARY PHONE	** SECONDARY PHONE
WORK PHONE NBR (Extension)	CELLULAR PHONE NBR	RESIDENCE PHONE NBR	UNLISTED?
() -	() -	() -	() Yes () No
PRIMARY EMAIL ADDRESS			

32. EMERGENCY CONTACT'S LAST NAME	JR/SR/ETC	FIRST NAME	MIDDLE
33. MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)	APT. NO.	CITY	STATE
ZIP CODE			

PRIMARY EMAIL ADDRESS

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Doctor: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Helpful Information About Child:

FLA. STATUTE 837.06—WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S.775.082 OR S.775.083.

THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE (Mother)	DATE
SIGNATURE (Father)	DATE
SIGNATURE (Legal Guardian)	DATE

Office Use Only

Fee Paid \$

Date

Cash

CC

Billed

MO

CK #