



**LAKE COUNTRY CHRISTIAN SCHOOL**

7050 Lake Country Drive Fort Worth, TX 76179  
PHONE (817) 236-8703 FAX (817) 236-1103

**2010-2011 RE-ENROLLMENT STUDENT APPLICATION**

**A \$125 Re-enrollment fee must be attached**

Date of Application \_\_\_\_\_ Applying for Grade \_\_\_\_\_

(Please Print)

**I. Student's Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Present Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**II.**

_____ Father _____ Stepfather _____ Guardian	<b>Name</b> _____ <b>Home Address</b> _____ ___ Please check here if this is a new address. <b>Occupation</b> _____ <b>Employer</b> _____	<b>Living with child</b> ___ Yes ___ No ___ <b>Deceased</b> _____ <b>Divorced</b> _____ <b>Home Phone</b> _____ <b>Email</b> _____ <b>Work Phone</b> _____ <b>Cell Phone/Pager</b> _____
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_____ Mother _____ Stepmother _____ Guardian	<b>Name</b> _____ <b>Home Address</b> _____ ___ Please check here if this is a new address. <b>Occupation</b> _____ <b>Employer</b> _____	<b>Living with child</b> ___ Yes ___ No ___ <b>Deceased</b> _____ <b>Divorced</b> _____ <b>Home Phone</b> _____ <b>Email</b> _____ <b>Work Phone</b> _____ <b>Cell Phone/Pager</b> _____
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If the child is not living with both biological parents, please attach a copy of the legal document pertaining to custody.

**III. Family attends church at** \_\_\_\_\_  
Name of Church \_\_\_\_\_ Church Address \_\_\_\_\_

**IV. List two neighbors or relatives who will assume responsibility for your child if we are unable to contact you:**

(Please Print)

<b>Name</b> _____	<b>Phone</b> _____
<b>Name</b> _____	<b>Phone</b> _____
<b>Family Doctor</b> _____	<b>Phone</b> _____
<b>Hospital Preference</b> _____	
<b>Insurance Company</b> _____	
<b>Insurance Policy Number</b> _____	

If the school is unable to reach me, I hereby authorize the school to call the above named persons and to follow their instructions.  
If it is impossible to contact any of the above, the school may make the necessary arrangements.

**This application is part of the "Tuition Contract" signed by the Parent or Payor.**

**Father's Signature** \_\_\_\_\_ **Mother's Signature** \_\_\_\_\_

**NONDISCRIMINATORY POLICY**

Lake Country Christian School admits students regardless of any race, color, gender, or national and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Lake Country Christian School does not discriminate on the basis of race, color, gender, or national and ethnic origin in the administration of its educational policies, admissions policies, and other school administered programs.

**OFFICE COPY**

**LAKE COUNTRY CHRISTIAN SCHOOL  
FORT WORTH, TEXAS**

**PARENTAL CONSENT TO EMERGENCY MEDICAL AND SURGICAL NEEDS  
AND RELEASE OF LIABILITY.**

1. I, the undersigned, state that I am the \_\_\_\_\_  
of \_\_\_\_\_, a minor.
  
2. I hereby give my authorization and consent to any emergency medical or surgical treatment that may be needed by my child while participating in any social, school, and/or athletic event and any accompanying activities, including transportation sponsored by Lake Country Church or Lake Country Christian School (herein collectively referred to as Lake Country.) This consent authorizes physicians, technicians, assistants, nurses and other qualified medical or hospital personnel to render any treatment they deem necessary arising from any emergency that may occur during the time period set out herein. This includes the administration of such anesthetics as the attending physician may deem necessary.
  
3. This consent begins on the 1st day of August, 2010 and terminates on the 15th day of June, 2011.
  
4. I state that my child is participating in such activity(ies) during the time period set out herein with my full permission and at my request. Further, in consideration of the said Lake Country providing the expenses of such activity(ies) including, but not limited to, the attendance of a salaried staff person, transportation, and food, as well as release and discharge the said Lake Country, its successors, assigns, representatives, employees and agents from any and all liability, of whatsoever nature, character or origin, arising out of or resulting from my child participating in such activity(ies) during the period set out herein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at Fort Worth,  
Tarrant County, Texas.

\_\_\_\_\_  
Witness (other than family member)

\_\_\_\_\_  
Parent (or Managing Conservator/Guardian)