



LITTLE FLOCK CHRISTIAN SCHOOL

ENROLLMENT APPLICATION

Thank you for seeking enrollment for your child at Little Flock Christian School for the 2010-2011 school year. It is our privilege to partner with you in your child's formal education. Little Flock Christian School offers an academic program for children from K3 to 6th grade. We admit those students that we are confident will benefit from what Little Flock Christian School has to offer.

Here are some facts and procedures about our program:

A child may enter a preschool and kindergarten program or elementary grade if he/she has reached the program minimum age requirement on or before September 30th of the year he or she enters school.

Admission to Little Flock Christian School is a three step process:

1. The admission process formally begins when the admissions office receives the complete application package. This includes this application and all the relevant documents on the checklist below.
2. The Admissions office will contact parents to schedule an interview with the Principal, the child and parent(s) once the application has been reviewed by the Principal.
3. Once the acceptance letter is sent, families have 10 business days to pay the enrollment fees and complete required paperwork.

Checklist of documents required in order to schedule an interview for all new students:

- Student Registration
- Parent Information
- Medical Information and Emergency Contacts
- Child Questionnaire (one per child)
- Copy of the Birth Certificate (translated original is required for foreign birth certificates)
- Custody / Visitation Agreement (if applicable)
- Request for Student Records (**Grades 1st - 6th**)
- Teacher Recommendation Form (**Grades 1st - 6th**) *this form must be mailed from previous school*
- Submit records from previous school (**Grades 1st - 6th**) Please make a copy of your child's latest report card and standardized testing scores. Official records can be secured from his/her former school at a later date.



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STUDENT REGISTRATION

One or two children may be included on this application form.

Child # 1

Child's Full Name _____ (as it appears on birth certificate) Nickname _____

Gender Male Female Date of Birth _____ (mm/dd/yy) Grade for 2010-2011 _____

Ethnic Heritage (for state reporting purposes only)
Caucasian Hispanic African American Asian Other (please specify) _____

Attending school currently? No Yes If yes, name of school _____

Address & Phone _____

Program Selection 5 Full Days (all grades) 5 Half Days (K3 & K4 applicants only)

Please check all that this child will participate in Morning Care (7:30 – 8:30 am) Afternoon Care (3:00 – 5:30 pm)

Foreign Language Selection – Please choose the foreign language option you would like your child to learn:
Spanish Arabic

Child # 2

Child's Full Name _____ (as it appears on birth certificate) Nickname _____

Gender Male Female Date of Birth _____ (mm/dd/yy) Grade for 2010-2011 _____

Ethnic Heritage (for state reporting purposes only)
Caucasian Hispanic African American Asian Other (please specify) _____

Attending school currently? No Yes If yes, name of school _____

Address & Phone _____

Program Selection 5 Full Days (all grades) 5 Half Days (K3 & K4 applicants only)

Please check all that this child will participate in Morning Care (7:30 – 8:30 am) Afternoon Care (3:00 – 5:30 pm)

Foreign Language Selection – Please choose the foreign language option you would like your child to learn:
Spanish Arabic

Please enter information for siblings of the applicant who are not currently enrolled at LFCS:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Referred by: Enter family name or individual name that referred you to LFCS _____



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PARENT INFORMATION

Father's Full Name: _____
 Home Address: _____ City: _____ State and Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer: _____ Position: _____
 Email Address(es): _____

Mother's Full Name: _____
 Home Address: _____ City: _____ State and Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer: _____ Position: _____
 Email Address(es): _____

Parent's Marital Status: Married Divorced Separated
 With whom does the child(ren) reside? Both Parents Mother Father Other* _____
 *Are there special child custody provisions? Yes No - If yes, please provide appropriate legal documentation.

Directory Listing: LFCS will provide a student and family directory on the ParentsWeb. This directory will be available for parents to set up play dates and invite students to birthday parties. It may not be used for any solicitations or business matters.

Please indicate if you **do not** wish your information be included in the school directory:

Block All Information Block Home Phone Block Cell Phone
 Block Parent Name(s) Block Address Block Email Address

Tuition and Fee Payment Information: Enrollment fees are due in upon acceptance to the school. Once paid, these enrollment fees are non-refundable. LFCS offers several tuition payment options: ✓ Please check one

- I will pay my tuition in full on or before June 7th, 2010 to receive a discount of 3 % off the tuition fees only
- I will pay my tuition in full on or after June 8th to receive a discount of 1.5% off the tuition fees only
- I will pay by monthly or bi-weekly debits from bank account – complete necessary forms upon acceptance

Video & Photography Waiver: Periodically the Little Flock Christian School administration publishes printed material, prepares power point presentations, sends press releases and updates websites that may use photographs of students in a classroom or school setting. Names of students are generally not used except to celebrate achievement or recognition. In order to include your child's photo in any of the described media and any other projects that may arise, we must ask for your permission. Please check one of the options listed below:

Do you give permission to publish a photo of my child(ren)? ✓ Please check one Yes No



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MEDICAL INFORMATION AND EMERGENCY CONTACTS

Medical Information

Student's Name: _____

Allergies (be specific): _____

Current Health Conditions: _____

Medications Child is taking: _____

Insurance Name: _____

Policy Number: _____

Doctor Name: _____

Phone Number: _____

Dentist Name: _____

Phone Number: _____

Medical Information

Student's Name: _____

Allergies (be specific): _____

Current Health Conditions: _____

Medications Child is taking: _____

Insurance Name: _____

Policy Number: _____

Doctor Name: _____

Phone Number: _____

Dentist Name: _____

Phone Number: _____

Alternative Emergency and Pick Up Contacts

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day. A non-custodial parent has the right to be listed as an emergency contact unless a court order or other legal document stating otherwise has been presented to the school.

Name _____ Relationship _____

Telephone Numbers: Home _____ Cell _____ Work _____

Name _____ Relationship _____

Telephone Numbers: Home _____ Cell _____ Work _____

Name _____ Relationship _____

Telephone Numbers: Home _____ Cell _____ Work _____

Name _____ Relationship _____

Telephone Numbers: Home _____ Cell _____ Work _____

I agree to pick up my sick or injured child in a timely manner when contacted. The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

Signature of Parent/Legal Guardian

Date



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CHILD QUESTIONNAIRE (New Student)

Please complete one questionnaire per child. Information about your child as you know him/her will be of great value to our admissions process.

Child's name _____ Grade Entering _____ Date of Birth _____

Name your child prefers to be called by _____

1. How does your child feel about attending school? Describe his/her prior experience. Please include the name(s) of the school(s) previously attended:

2. What language(s) is (are) spoken at home?

What language is your child most comfortable using?

3. What are your child's favorite things to do at school?

At home?

4. How well does your child accept parent direction? Does he/she obey promptly? Explain.

5. Who disciplines your child? What method is used? How does your child respond?

6. How easily does your child become upset? How does he/she express emotion?



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CHILD QUESTIONNAIRE (continued)

7. How well does your child get along with siblings? Other children?

8. Does your child attend church? Y / N If so, which church and with whom?

9. Does your child have any health problems? (hearing, vision, infection, allergies, other) Please explain.

10. Has your child ever been tested or needed assistance for developmental or learning areas? If so, explain:

11. What are your expectations for your child attending LFCS?

12. Please use the rest of this page to indicate any other information you feel would be needed for us to plan for your child's success at Little Flock.

* **K 3 Children only:** When was your child potty trained?

Does he/she wear pull ups?



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TEACHER RECOMMENDATION (Grades 1 -6)

Section I to be completed by the parent / legal guardian

Student's Name _____ Age _____

Grade Applying for _____ Date of Birth _____

Section II to be completed by a former classroom teacher of the applying student

Little Flock Christian School requires that a personal reference be done on all students (grades 1 – 6) who apply for admission to its program. The above student has applied for admission to our school. We would, therefore, appreciate your candid evaluation of the student's ability to succeed in a Christ centered academic environment. All information will be kept confidential. Please mail this response to:

Little Flock Christian School, Admissions Office, 11911 Braddock Road, Fairfax, VA 22030.

**Please note that the student's application will not be processed until this form has been completed and returned to us.*

How long have you known the student? _____

In what capacity have you known this student?

Please comment on parent cooperation and involvement in the school work and discipline of the child:

What are the child's strengths? _____

Are there significant weaknesses or problems that we should be aware of? _____

Has this child been tested / or have any learning disabilities or special needs?

Explain _____

Circle the words that best describe this student:

Aggressive	Anxious	Articulate	Cheerful	Easily discouraged	Over protected
Follower	Organized	Influential	Irritable	Self disciplined	Disobedient
Social	Vivacious	Perfectionist	Responsible	Passive resistant	Self centered
Shy	Honest	Kind	Sensitive	Obedient	Leader



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Student Name: _____

Please rate the following by placing a check in the appropriate boxes.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
SOCIAL DEVELOPMENT						
<i>Is Cooperative</i>						
<i>Is Imaginative</i>						
<i>Has the capacity to lead</i>						
<i>Has the capacity to follow</i>						
<i>Is accepting of authority</i>						
<i>Works well independently</i>						
<i>Interacts well with others</i>						
<i>Accepts correction</i>						
<i>Is spiritually sensitive</i>						
ACADEMIC SKILLS						
<i>Has outstanding ability</i>						
<i>Achieves above ability</i>						
<i>Is attentive</i>						
<i>Contributes to discussions</i>						
<i>Follows directions</i>						
<i>Works cooperatively</i>						
<i>Completes tasks</i>						
<i>Seeks help when needed</i>						
<i>Can focus on one task</i>						
<i>Expresses thoughts well</i>						
<i>Completes assignments</i>						

Any additional comments: _____

Would you recommend this child for admission to Little Flock Christian School? _____

Respondent's Name: _____

Title/Position: _____

Address: _____

May we call you about this student? _____ Phone _____

Signature _____ Date _____

Thank you for completing this form. Please mail it to us. All information is kept confidential.



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REQUEST FOR STUDENT RECORDS

Name of School Last Attended: _____

Address of School: _____

City: _____ State: _____ Zip Code: _____

Student Name: _____
Last First Middle

Grade (09-10): _____ Date of Birth: _____

The above student is being reviewed for admission to Little Flock Christian School. Please release the following information:

1. Medical Records
2. Academic Records including all past grades and Standardized testing
3. Psychological, Educational, and Sociological Findings
4. Disciplinary Records
5. Final Transcript including Report Cards

Please mail or fax records to:

Little Flock Christian School

Attn: Admissions Office

11911 Braddock Road

Fairfax, VA 22030

Fax Number: (571)234-4589

Parent/Legal Guardian or School Official Signature

Date

Parental permission is not required when records are requested by authorized school personnel