



Los Altos Christian Schools

A Ministry of Bridges Community Church

ELEMENTARY APPLICATION

This application must be accompanied with the \$50 fee, which is non-refundable.

Student's Name _____ Male Female

Address _____
Last First Middle Nickname
Number and Street City Zip Code Phone () _____

Date of Birth _____ Age _____ Ethnic Origin _____

Grade Applying for _____ Mainstream or LAD Last Grade Completed _____ Repeat Grade? _____

Last School attended _____ Address _____

Other Schools Attended _____

Name of **Father** _____ Occupation _____

E-mail address _____ Cell Phone: () _____

Address of Father (if different from student) _____ Home Phone (if different) _____

Place of Employment _____ Address _____ Phone () _____

Name of **Mother** _____ Occupation _____

E-mail address _____ Cell Phone: () _____

Address of Mother (if different from student) _____ Home Phone (if different) _____

Place of Employment _____ Address _____ Phone () _____

Parents' Marital Status: Married Divorced Separated Remarried Other _____

Pupil Living with: Mother and Father Mother Father Guardian Other _____

Brother's _____ Ages _____ Attend L.A.C.S. _____

Sister's _____ Ages _____ Attend L.A.C.S. _____

Church Member: Yes No Attend church regularly? Yes No Denominational Preference _____

Church _____ Address _____

Please state child's special interests, skills or hobbies _____

Allergies? _____ Special Medications? _____

Difficulties your child may have had in school: Behavior Academics Study habits Physical Problems Other _____

Explain _____

Explain why you wish your child to attend our school: _____

How did you learn about Los Altos Christian Schools? _____

We prefer to pay tuition: In full in advance On the first of each month

Name and address of person responsible for account: _____

LACS require that all students be covered under medical insurance. If you do not have medical coverage for your child and need assistance in this area, please contact the principal's office for information.

Name of Medical Insurance Carrier _____ Policy Number _____

COMMITMENTS

- We invest authority in the School to discipline our child as necessary. We further agree that we will cooperate and discipline our child at home as needed.
- We understand that the standards of Los Altos Christian Schools do not tolerate profanity, obscenity in word or action, disrespect to personal or school property, or disrespect to the personnel of the school.
- We agree to provide the school with all emotional/psychological and educational testing that our child has had as well as future evaluations as they are completed.
- If a problem arises with our child within the School, we will seek to resolve it early with appropriate school authorities.
- We will support the Parent Teacher Fellowship by attending as many activities as possible.
- We agree to follow the terms and conditions regarding our financial obligations to the school. We understand that enrollment will be curtailed and report cards will be withheld if required payments are not made.

Signature of Father or Guardian _____ Date _____

Signature of Mother or Guardian _____ Date _____

(BOTH SIGNATURES REQUIRED)

Los Altos Christian Schools do not discriminate on the basis of race, color, national or ethnic origin in its educational policies or school-administered programs.