

# STUDENT PROFILE

To be completed by parent of applicant

Date: \_\_\_\_\_

Full Legal Name of Child: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School District in which child resides: \_\_\_\_\_

Will you be using public school bus transportation?  Yes  No

Ethnic background (for accreditation purposes)  African  Asian  Caucasian  Hispanic  Native American

Other: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ School year applying for: \_\_\_\_\_

If applying for Kindergarten, how many days?  3(Mon-Wed)  4(Mon-Thurs)  5(Mon-Fri)

If applying for Pre-Kindergarten, how many days?  2 full days (Tues & Thurs)  3 half days (Mon, Weds, & Fri)

Has your child repeated a grade?  Yes  No

Has your child been in gifted or accelerated classes?  Yes  No

Is there an Individualized Educational Plan (IEP) in your child's records?  Yes  No If yes, please enclose a copy.

Has your child received any support services in the past?  Yes  No

If your answer above is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Year(s) \_\_\_\_\_

Complete address: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Year(s) \_\_\_\_\_

Complete address: \_\_\_\_\_

If your child is transferring from another school, please indicate the reason: \_\_\_\_\_

\_\_\_\_\_

Co-curricular interests (check all that apply)

- Art  Band  Choir  Drama  Soccer  Basketball  
 Field Hockey  Volleyball  Baseball  Orchestra  Worship Team  Technology

Other \_\_\_\_\_

What is your child's attitude toward school and teachers? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have a history of a chronic physical condition, emotional condition, or learning disability which has required professional attention or which may require special attention at Lancaster County Christian School?

Yes  No If yes, please explain and include copies of all reports: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child ever been enrolled in a learning support class or received tutoring?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check boxes in appropriate column(s) if school personnel have reported any of the following about your child, or if you have observed these characteristics at home.

<b>Characteristic</b>	<b>Past Teacher</b>	<b>Current Teacher</b>	<b>At Home</b>
Distractible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inattentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbs other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is often late in completing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits aggressive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with oral instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty following written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>