

**LOGAN CHRISTIAN SCHOOL**  
**650 Walhonding Ave., Logan, OH 43138**  
**740-385-5360** [www.loganchristianschool.com](http://www.loganchristianschool.com)

**Student Name:** \_\_\_\_\_

**Applying for: (circle)** 1st 2nd 3rd 4th 5th 6th 7th 8th  
 2 day Preschool AM PM (must be 3 y/o by Aug. 1st/)  
 2 day Preschool ALL DAY (must be 4 y/o by Aug. 1st/)  
 3 day Preschool ALL DAY (must be 4 y/o by Aug. 1st/)  
 Kindergarten

Logan Christian School  
 Preschool-8th Grade

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**Admissions Checklist**

*The following items must be submitted to complete the application process.*

- Application for Admission      The application form must be completed in full for each student and all appropriate lines signed.
- Current Photo      Non-returnable current photo is required. Please attach on designated area of completed application form.
- Registration or Deposit      This non-refundable fee must be enclosed with the completed application form in order to guarantee your child's place at LCS. \$50 New Student (To cover the admission processing cost)
- Custody Documentation      If applicable, a photocopy of separation or custody decree.

**ALSO INCLUDE THE FOLLOWING FOR NEW STUDENTS:**

- Birth certificate      A photocopy of the child's state certified (Health Dept.) birth certificate must be included with the completed application form.
- Immunization Record      A photocopy of child's current immunizations:  
 Preschoolers must have 4DTP, 3 Polio, 1 MMR, 3 Hib, 3 Hep. B  
 Kindergarten - 8th Grade must have 5 DTP, 4 Polio, 2 MMR, 3 Hib, 3 Hep. B, and 2 Varicella.
- Social Security Card      A photocopy of the student's social security card is required.
- Report Cards      Please include a copy of report card record for the past year, for students grades K-6.

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**STUDENT INFORMATION** (Please Print)

Student's Legal Name \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Height \_\_\_\_\_ ' \_\_\_\_\_ "

{Students under 4'9" are required by state law  
(ORC 4511.81) to use a car seat to travel.}



Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

**How did you hear about LCS?**                      **Newspaper**      **Church**  
**Family/Friend**                      **Yellow Pages**                      **Website**                      **Other** \_\_\_\_\_

*The Logan Christian School admits students of all races, color, sex and ethnic or national origins to all the rights, privileges, programs and activities generally accorded or made available to the students of the school. Logan Christian School does not discriminate on the basis of race, color, sex, or ethnic or national origin in the administration of its educational policies, admission policies, scholarship programs, athletic and other school administered programs. Romans 2:11, "For there is no respect of persons with God."*

Ethnic Origin (required by the state): White / Black / Hispanic / Asian / Native American / Mixed Race

Public School District in which student resides: Logan-Hocking or \_\_\_\_\_

If Logan-Hocking, which school building would your child be required to attend? (Please circle)

**Central      Chieftain      Green      Hocking Hills      Union Furnace**

If another school district, what is the name of the **school building** your child would be required to attend?

\_\_\_\_\_

**FOR NEW ELEMENTARY STUDENTS** please complete the following:

Current School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

(Street/P.O. Box)                      (City)      (State)                      (Zip)

School Phone Number: (\_\_\_\_) \_\_\_\_\_

Reason for leaving current school: \_\_\_\_\_

*As parent/legal guardian of \_\_\_\_\_, I authorize you to release all school records of this child including but not limited to grades, health, attendance, achievement tests, and other identifiable materials to:*

**LOGAN CHRISTIAN SCHOOL**  
**650 WALHONDING AVENUE, LOGAN, OHIO 43138**

Printed name of parent/guardian: \_\_\_\_\_

Signed name of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT INFORMATION (Continued)**

1. In what activities has the student participated, at school, church, sports? \_\_\_\_\_  
\_\_\_\_\_
2. Please describe any hobbies or other special interests the student has: \_\_\_\_\_  
\_\_\_\_\_
3. Has your student ever been suspended or expelled? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Has your student ever repeated a grade? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Has the student ever missed more than 12 days of school in one year? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Has the student ever been recommended for tutoring or remedial instruction? If yes, explain  
\_\_\_\_\_
7. Has the student been tested psychologically, behaviorally, or academically to determine if he/she has a learning disability, ADD, ADHD, behavioral or emotional disorder? If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

## **STUDENT HEALTH INFORMATION**

1. Is the student presently taking medications? If yes, explain and provide kind of medication and frequency:  
\_\_\_\_\_  
\_\_\_\_\_  
Name and phone number of physician: \_\_\_\_\_
2. Please list any operations, serious injuries or illnesses, other existing physical conditions (allergies, etc.) of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_
3. Please provide any additional information (child's fears, home situation, etc.) that you would like the school to be aware of concerning your child and his/her needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RELEASE FORM

\* Your signature below grants that your wishes will be honored for these choices, and that you understand our statement of beliefs.

### PHOTOGRAPH RELEASE

\_\_\_\_\_ Yes \_\_\_\_\_ No I give LCS permission to photograph and/or videotape my child while participating in daily and/or special LCS activities and to use them in displays, newspaper articles, and other publications, etc.

### FIELD TRIP PERMISSION FORM

My son/daughter \_\_\_\_\_, a student of the Logan Christian School, has my permission to walk, and/or ride in private cars, within the city limits of Logan to the parks, library, etc. during the current school year.

### VOLUNTEERING

Parents are always welcome and encouraged to become involved in LCS. This opportunity includes helping in the classroom, or office, assisting with lunch or recess duty, coordinating school parties, chaperoning field trips, etc. We consider our volunteers great assets to the educational program at LCS. We take seriously our responsibility to keep our students safe and cared for. Therefore, all volunteers and chaperones who wish to participate by driving for field trips and /or helping in the school building in any capacity ARE REQUIRED to complete a volunteer application, be finger-printed and have a background check done. The state background check document must be received, approved, and on file in the school office prior to volunteering at our school and is valid for 1 year. An application is available in our school office. There is a modest fee to be fingerprinted. (Field trip drivers must also submit a copy of their valid driver's license and a copy of their auto insurance card.) Once you have been approved as an LCS volunteer, please check beside the area in which you would like to volunteer for us.

|                                |                                 |                              |
|--------------------------------|---------------------------------|------------------------------|
| Assist with Elem Lunches _____ | Classroom helper _____          | Fund-raisers _____           |
| Party Coordinator _____        | At home work for teachers _____ | Driver for field trips _____ |
| Office Help _____              | (Cutting, sorting, etc.)        | Teaching Special Lessons     |
| Substitute Teacher _____       | Substitute Secretary _____      | in what? _____               |

### STATEMENT OF BELIEF

- ▲ We believe in the Bible to be the only inspired, infallible, authoritative Word of God.
- ▲ We believe in one Body, eternally existing in three persons: Father, Son, and Holy Spirit.
- ▲ We believe in the deity of Christ; His virgin birth; His sinless life; His miracles; His vicarious and atoning death; His resurrection; His ascension to the right hand of the Father; His personal return in power and glory.
- ▲ We believe in the absolute necessity of regeneration by the Holy spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and only by God's grace and through faith are we saved.
- ▲ We believe in the resurrection of both the saved and lost; that they are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation.
- ▲ We believe in the spiritual unity of believers in our Lord Jesus Christ.
- ▲ We believe in the present ministry of the Holy spirit, by whose indwelling the Christian is enabled to live a godly life.

\*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENT/GUARDIAN COMMITMENT

1) We have read and we understand the school's statement of faith and its philosophy of a Christian education, and we are in agreement with the purpose and philosophy.

2) We, as parents/guardians, accept the challenge to "train up a child in the way he should go" (Prov. 22:6), and we do state that this training will be carried on in the home. We place our trust in Logan Christian School to extend this training more completely.

3) We do hereby state that we have made a thorough investigation of the school's program, curriculum, discipline, dress code, etc., and we agree to make them our glad hearted choice for the coming school year.

4) We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the high academic standards of the school by providing a place at home for our child to study, and to give our child encouragement in the completion of homework assignments.

5) We will faithfully support the school through our prayers and positive attitude, and in keeping with Matthew 18:15, we are committed to giving a good report by sharing any complaints and negative comments only with the people involved. Unresolved issues will be taken care of by using the school's chain of command.

6) We understand that the standards of Logan Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

7) We believe that discipline is necessary for the benefit of each student as well as for the entire school and we give permission to the teachers and administration to make and enforce school regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures (Prov. 13:24; 22:6; 29:15 & 17; Col. 3:20; Heb. 12:6). We further agree that we will cooperate and discipline our child in the home as needed.

8) We pledge that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. (A nine-week probation period is usually adequate for new students.) If these adjustments cannot be made, then we agree to quietly withdraw our child (by the end of the 1st semester at the very latest). We also agree that the continued enrollment of our child in this school is dependent upon our parental support and cooperation of the school, its staff and its policies.

9) We understand that assessments will be made to cover damage to the school, including breakage of windows, book damage, and abuse of other personal property.

10) We will support the school by involvement in Parent-Teacher Conferences, Open House, parent-teacher fellowship activities, workdays, and other school-sponsored meetings and activities.

11) We give permission for our child to take part in all school activities, including sports and school-sponsored trips away from the school premises. We understand that the school does not provide student medical insurance and that it is our responsibility to provide our own.

12) The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of I Corinthians 6:1-8; Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the employment relationship, including any claim or statutory claims, shall be settled by Biblically based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as printed in the Christian Conciliation Handbook, {(406) 56-1583}. (A copy kept in the office.) The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the employment relationship of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Each party, regardless of the outcome of the matter, agrees to bear the fees and cost of his/her/its own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.



**EMERGENCY MEDICAL AUTHORIZATION**  
**Elementary and Preschool**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Name: \_\_\_\_\_ Other Parent Name: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

**Purpose: To enable parents / guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.**

Please list 3 or 4 people, other than parents, to whom your child can be released for illness, accident, dismissal if parent/guardians are unable to do so. Please include phone numbers.

| <u>Name</u> | <u>Relationship to child</u> | <u>Phone Number</u> |
|-------------|------------------------------|---------------------|
| 1. _____    | _____                        | _____               |
| 2. _____    | _____                        | _____               |
| 3. _____    | _____                        | _____               |
| 4. _____    | _____                        | _____               |

**PART I OR PART II MUST BE COMPLETED BELOW**

**PART I (To grant consent)**

In the event that reasonable attempts to reach me (or other guardian) at the numbers listed above have been unsuccessful, I HEREBY GIVE MY CONSENT for the (1) administration of any treatment deemed necessary by my child's physician (name) \_\_\_\_\_ (phone) \_\_\_\_\_, or dentist (name) \_\_\_\_\_ (phone) \_\_\_\_\_, or by another licensed physician or dentist in the event that the designated preferred physician or dentist is unavailable; and (2) the transfer of the child to (hospital) \_\_\_\_\_ or hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of the licensed physicians or dentist concurring in the necessity for each surgery, are obtained prior to the performance of such surgery. THIS CONSENT IS FOR EMERGENCY SITUATIONS ONLY.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PART II (To refuse to consent)**

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Logan Christian School authorities to TAKE NO ACTION or TO DO THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



# PRESCHOOL CHILD HEALTH ASSESSMENT

(Schedule physician appointment between May 1 and July 31)

Logan Christian School

Phone & Fax: 740-385-5360

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Exam: \_\_\_\_\_

### VITAL SIGNS:

blood pres. \_\_\_\_\_ pulse \_\_\_\_\_ respiration \_\_\_\_\_ temp. \_\_\_\_\_ Ht. \_\_\_\_\_ " Wt. \_\_\_\_\_ #

### REQUIRED IMMUNIZATIONS: (Please fill out below or attach a copy of immunization record.)

| Immunization | Date 1 | Date 2 | Date 3 | Date 4 |
|--------------|--------|--------|--------|--------|
| DTaP or DTP  | _____  | _____  | _____  | _____  |
| Polio        | _____  | _____  | _____  | _____  |
| MMR          | _____  | _____  | _____  | _____  |
| Hib          | _____  | _____  | _____  | _____  |
| Hepatitis B  | _____  | _____  | _____  | _____  |

### PHYSICAL ASSESSMENT:

Did the exam reveal any **abnormalities** in these areas?

- General appearance \_\_\_\_\_ Yes \_\_\_\_\_ No
- Posture, Gait \_\_\_\_\_ Yes \_\_\_\_\_ No
- Speech \_\_\_\_\_ Yes \_\_\_\_\_ No
- Hearing \_\_\_\_\_ Yes \_\_\_\_\_ No
- Skin \_\_\_\_\_ Yes \_\_\_\_\_ No
- Nose, Mouth, Pharynx \_\_\_\_\_ Yes \_\_\_\_\_ No
- Teeth, Gums, Tongue, Palate \_\_\_\_\_ Yes \_\_\_\_\_ No
- Eye: External aspect \_\_\_\_\_ Yes \_\_\_\_\_ No
- Optic fundoscopic \_\_\_\_\_ Yes \_\_\_\_\_ No
- Vision \_\_\_\_\_ Yes \_\_\_\_\_ No
- Heart \_\_\_\_\_ Yes \_\_\_\_\_ No
- Lungs \_\_\_\_\_ Yes \_\_\_\_\_ No
- Abdomen (include hernia) \_\_\_\_\_ Yes \_\_\_\_\_ No
- Genitalia \_\_\_\_\_ Yes \_\_\_\_\_ No
- Skeletal System \_\_\_\_\_ Yes \_\_\_\_\_ No
- Neuromuscular System \_\_\_\_\_ Yes \_\_\_\_\_ No
- Glands (lymphatic, thyroid) \_\_\_\_\_ Yes \_\_\_\_\_ No

### ALLERGIES:

- Food \_\_\_\_\_ Yes \_\_\_\_\_ No
- Medications \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, TO WHAT? \_\_\_\_\_

### SOCIAL SKILLS:

- Communication \_\_\_\_\_ Yes \_\_\_\_\_ No
- Cognitive \_\_\_\_\_ Yes \_\_\_\_\_ No
- Self-help \_\_\_\_\_ Yes \_\_\_\_\_ No

### CURRENT MEDICATIONS TAKEN:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FINDINGS, COMMENTS, SPECIAL NEED:

\_\_\_\_\_  
 \_\_\_\_\_

(Please continue on back if needed.)

\* \* \* \* \*

This is to certify that I have examined this child on the date above and have found that:

- I. This child has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by Ohio Dept. of Health for infants, toddlers, or is to be exempted from these requirements for medical reasons, and
- II. Based upon this child's medical history and physical condition as of this exam date, this child is free from apparent communicable disease and is suitable for enrollment in a child day care facility or preschool.

**Physician Signature:** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

Printed Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_