

LOWNDES COUNTY PRIVATE SCHOOL FOUNDATION, INC.

SCHOOL YEAR 20__ 20__ NAME _____ GRADE TO
ENTER _____ EMAIL ADDRESS _____

ADDRESS _____

STUDENT SOCIAL SECURITY NUMBER _____

PHONE _____ CELL _____

AGE () DATE OF BIRTH _____

ANY PHYSICAL DEFECTS() _____

LAST SCHOOL ATTENDED _____

ADDRESS _____

CHURCH YOU NOW ATTEND _____

FATHER'S NAME _____ EMPLOYER _____ PHONE _____

MOTHER'S NAME _____ EMPLOYER _____ PHONE _____

HAS STUDENT EVER BEEN SUSPENDED FROM ANOTHER SCHOOL ? YES _____ NO _____

STATE REASON _____

SCHOLASTIC GRADES HAVE BEEN: SUPERIOR () ABOVE AVERAGE() BELOW AVERAGE () HAS CHILD
FAILED ()

TUITON RATES ARE ESTBLISED BY LETTER FROM THE FONDATION. RATES MAY BE OBTAINED FROM THE
SCHOOL OFFICE.

STATEMENT OF COOPERATION: In making application for my child it is my desire to have him complete
the school year 20__ to 20__, and I pledge payment of tuition for said period. It is also my
understanding that the policy for the school is to make no refunds on registration fees or tuition. I also
give permission for my child to take part in school activities, including sports and school sponsored trips
away from school premises and absolve the school from liability to me or my child because of any injury
to my child at school or during any such school activity.

Parent's Signature _____ Date _____

STUDENT MEDICAL FORM

STUDENT _____ GRADE _____

STUDENT'S PHYSICIAN _____ PHONE _____

IN CASE OF EMERGENCY CALL OTHER THAN PARENT

_____ Relationship _____

_____ Relationship _____

STUDENT IS ALLERGIC TO _____

I give my permission for Lowndes Academy School Authorities and hospital authorities to use their judgment in caring for my child in case of an emergency. I prefer my child to be taken to the above doctor , but understand that if not available will accept the services of Doctors on duty in the emergency rooms.

Date _____ Parent's Signature _____