STUDENT ENTRY
2020-2021

Vision Statement: Living Faith Academy provides Christian Education to develop student character, morals and values that challenge them to grow spiritually, academically, and socially.

SECTION I

STUDENT DEMOGRAPHICS/ENROLLMENT

1. **STUDENT ID** 2. **CHILD'S LEGAL LAST NAME JR/SR/ETC.** **CHILD'S LEGAL FIRST NAME** **MIDDLE NAME**

3. **AKA** (ALSO KNOWN AS)

4. **SOCIAL SECURITY NUMBER**

5. **Uniform Shirt Size**
( ) YOUTH **XS** ( ) YOUTH **S** ( ) YOUTH **M** ( ) YOUTH **L** ( ) YOUTH **XL**
( ) ADULT **XS** ( ) ADULT **S** ( ) ADULT **M** ( ) YOUTH **L** ( ) ADULT **XL**

6A. **IS YOUR CHILD HISPANIC OR LATINO? ( ) YES ( ) NO**

6B. **RACE (CHECK ALL THAT APPLY)**
( ) W - WHITE
( ) A - ASIAN
( ) B - BLACK OR AFRICAN AMERICAN
( ) P - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
( ) I - AMERICAN INDIAN OR ALASK NATIVE

7. **GENDER**
( ) M — MALE
( ) F — FEMALE

8. **BIRTH DATE**
MO. DAY YR
/ /

9. **BIRTH VERIFICATION (CHECK ONE)**
( ) CERTIFIED BIRTH CERTIFICATE
( ) BAPTISMAL CERTIFICATE WITH DOB AND PLACE OF BAPTISM AND PLACE OF BAPTISM AND PARENT'S SWORN, NOTARIZED AFFIDAVIT
( ) SCHOOL RECORD, AT LEAST FOUR YEAR PRIOR, SHOWING DATE OF
( ) OUT OF STATE TRANSFER RECORDS OR MSRTS **NOT VALID FOR PRE-K OR KINDERGARTEN**
( ) PASSPORT OR CERTIFICATE OF ARRIVAL IN THE UNITED STATES **DO NOT COPY THIS DOCUMENT**
( ) NO VERIFICATION

10. **COURT ORDER OR DIVORCE PAPERS**

11. **BIRTH PLACE** (CITY OF BIRTH)

BIRTH STATE (STATE WHERE BORN)

BIRTH COUNTRY (COUNTRY OF BIRTH)

12. **COUNTY OF RESIDENCE**

13. **RESIDENCY STATUS OF STUDENT (CHECK ONE)**
( ) OUT OF COUNTY FLORIDA RESIDENT ( ) VOLUSIA COUNTY RESIDENT
( ) OUT OF STATE RESIDENT

14. **RESIDENTIAL ADDRESS OF STUDENT**
(HOUSE NUMBER, DIRECTION, STREET NAME)

APT NO.

CITY

STATE

ZIP CODE

15. **RESIDENCE PHONE NUMBER**
UNLISTED
( ) YES
(_____) _____ - _____ ( ) NO

16. **PUBLISH DIRECTORY INFORMATION?**
(PUBLISHED INFORMATION NOT SHARED UNLESS FOR EDUCATIONAL PURPOSE)
( ) YES ( ) NO ADDRESS ( ) NO PHONE
( ) NO PHONE AND ADDRESS ( ) NO, MEMBER OF LAW ENFORCEMENT

SECTION II

ENROLLMENT/ADMISSION APPLICATION

17. **LAST SCHOOL ATTENDED**

PRIOR GRADE LEVEL

STREET ADDRESS OF LAST SCHOOL ATTENDED

CITY\STATE

ZIP CODE

PHONE NUMBER

17A. **DATE WITHDRAWN** (from previous school) MO. DATE YR.
____/____/____

17B. **PRIOR STATE** (STATE)

17C. **PRIOR COUNTY**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

18. **HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASS (check all that apply)?**

( ) SPEECH ( ) LD ( ) ESOL ( ) GIFTED ( ) 504 ( ) OTHER _____

19. **DOES YOUR CHILD HAVE AN IEP?**

( ) Yes ( ) No

SECTION III

GENERAL INFORMATION FEDERAL TAB

20. **MILITARY FAMILY STUDENT—**These include children of 1) active duty members of the uniformed services, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. ss. 1209 and 1211; 2) members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement; and 3) members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of 1 year after death.

Mark yes if your family meets the Military Family criteria

( ) Yes

SECTION IX

21A. **IS YOUR CHILD COVERED BY MEDICAID?** ( ) Yes, Child has Medicaid ( ) No

21B. **DOES YOUR CHILD HAVE INSURANCE OTHER THAN MEDICAID? (Please check one):**

( ) Child has Health Care Insurance ( ) Child does not have Health Care Insurance/Medicaid

( ) Child has Healthy Kids Insurance

22. **IS YOUR CHILD IMMUNIZATION UP-TO-DATE? (Copy is needed)**

( ) Yes ( ) No

SECTION V

CONDITIONS

23.. **DOES YOUR CHILD HAVE A LIFE THREATING CONDITION? ( ) Yes ( ) No**

IF YES, PLEASE INDICATE WHETHER THE CONDITION REQUIRES ANY OF THE FOLLOWING (Med. Alert Req) (**Please check all that apply):**

( ) Asthma Inhaler ( ) Diastat ( ) Epi-Pen ( ) Insulin Injection

24. **HEALTH CONDITIONS:** ***Please check all that apply. Indicate the date of diagnosis (if known), and whether medication is required.***

CONDITIONS	DATE DIAGNOSED	MED REQ. ?	CONDITION	DATE DIAGNOSED	MED REQ. ?
( ) Allergy—Aspirin	/ /	( )	( ) Hernia	/ /	( )
( ) Allergy—Insect Bites	/ /	( )	( ) Heart Disease	/ /	( )
( ) Allergy—Iodine	/ /	( )	( ) Hypertension	/ /	( )
( ) Allergy—Penicillin	/ /	( )	( ) Kidney Disease	/ /	( )
( ) Allergy—Sulfa	/ /	( )	( ) Leukemia	/ /	( )
( ) Allergy—Other	/ /	( )	( ) Medical Alert	/ /	( )
( ) Anemia	/ /	( )	( ) Muscular Dystrophy	/ /	( )
( ) Anaphylactic Reaction	/ /	( )	( ) Motor Impairment	/ /	( )
( ) Asthma	/ /	( )	( ) Multiple Health Problems	/ /	( )
( ) Attention Deficit Hyperactivity Disorder	/ /	( )	( ) Physical Development	/ /	( )
( ) Cerebral Palsy	/ /	( )	( ) Physical Impairment	/ /	( )
( ) Diabetes	/ /	( )	( ) Pregnancy	/ /	( )
( ) Ear Infection-Repeated	/ /	( )	( ) See School Records	/ /	( )
( ) Pen Injection	/ /	( )	( ) Rh. Negative Blood	/ /	( )
( ) Epilepsy	/ /	( )	( ) Scoliosis	/ /	( )
( ) Gastro Intestinal Condition	/ /	( )	( ) Seizure Disorder	/ /	( )
( ) Hearing Impairment	/ /	( )	( ) Sickle Cell	/ /	( )
( ) Hypoglycemia	/ /	( )	( ) Speech Impairment	/ /	( )
( ) Hemophilia	/ /	( )	( ) Urological Condition	/ /	( )
( ) Visual Impairment	/ /	( )	( ) None of the above		

SECTION X–MISCELLANEOUS

25.. **LAW 1006.07(1)(b) F.S, REQUIRES EACH STUDENT TO NOTE AT INITIAL TIME OF REGISTRATION FOR SCHOOL ANY PREVIOUS SCHOOL EXPUSIONS, ARREST RESULTING IN A CHARGE AND JUVENILE JUSTICE ACTIONS THE STUDENT HAS HAD.**

***PLEASE INITIAL THE FOLLOWING*:**

HAS YOUR CHILD EVER BEEN:

(_____) YES (_____) NO EXPELLED FROM A PREVIOUS SCHOOL?

(_____) YES (_____) NO PLACED UNDER ARREST WHICH RESULTED IN A CHARGE?

(_____) YES (_____) NO INVOLVED IN A JUVENILE JUSTIC PROGRAM?

(_____) YES (_____) NO SUSPENDED FROM A PREVIOUS SCHOOL?

SECTION XI

CONTACTS

NAME OF PARENT(S)/LEGAL GUARDIAN OR PERSON WITH WHOM CHILD LIVES

26. **LEGAL MOTHER'S LAST NAME**	**FIRST NAME**	**MIDDLE**

CONTACT IS RESTRICTED FROM ACCESSING STUDENT (Court Order Required) _____ Contact Restricted

PICK UP:	**CUSTODY:**	**STUDENT RESIDES** WITH THIS PERSON	IF STUDENT **DOES NOT** RESIDE WITH THIS PERSON: **SEND MAILINGS:**	**SEND REPORT CARDS:**
( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No

EMPLOYER NAME	**WORK PHONE NBR**	**CELLLULAR PHONE NBR**	**RESIDENCE PHONE NBR**	**UNLISTED?**
	( ) -	( ) -	( ) -	( ) Yes ( ) No

PRIMARY EMAIL ADDRESS

27. **RESIDENCE ADDRESS (IF DIFFERENT THAN STUDENT)**	**APT. NO.**	**CITY**	**STATE**	**ZIP CODE**

28. **MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)**	**APT. NO.**	**CITY**	**STATE**	**ZIP CODE**

29. **LEGAL FATHER'S LAST NAME**	**JR/SR/ETC**	**LEGAL FIRST NAME**	**MIDDLE**

CONTACT IS RESTRICTED FROM ACCESSING STUDENT (Court Order Required) _____ Contact Restricted

PICK UP:	**CUSTODY:**	**STUDENT RESIDES** WITH THIS PERSON	IF STUDENT **DOES NOT** RESIDE WITH THIS PERSON: **SEND MAILINGS:**	**SEND REPORT CARDS:**
( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No

EMPLOYER NAME	**WORK PHONE NBR**	**CELLLULAR PHONE NBR**	**RESIDENCE PHONE NBR**	**UNLISTED?**
	( ) -	( ) - ( )	( ) -	( ) Yes ( ) No

PRIMARY EMAIL ADDRESS

( )

30. **RESIDENCE ADDRESS (IF DIFFERENT THAN STUDENT)**	**APT. NO.**	**CITY**	**STATE**	**ZIP CODE**

31. **LEGAL GUARDIAN'S LAST NAME**	**JR/SR/ETC**	**LEGAL GUARDIAN'S FIRST NAME**	**MIDDLE**

CONTACT TYPE: (check one)

_____ Legal Guardian

_____ Guardian Ad Litem/Guardian-In-Fact, Etc.

_____ No Parent/Legal Guardian Required

_____ Surrogate Parent

_____ Other

PICK UP:	**CUSTODY:**	**STUDENT RESIDES** WITH THIS PERSON
( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No

LEGAL GUARDIAN OCCUPATION	**EMPLOYER NAME**	** **PRIMARY PHONE**	** **SECONDARY PHONE**

WORK PHONE NBR (Extension)	**CELLLULAR PHONE NBR**	**RESIDENCE PHONE NBR**	**UNLISTED?**	**PRIMARY EMAIL ADDRESS**
( ) -	( ) -	( ) -	( ) Yes ( ) No	

32. EMERGENCY CONTACT'S LAST NAME	JR/SR/ETC	FIRST NAME	MIDDLE

33. MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)	APT. NO.	CITY	STATE	ZIP CODE

PRIMARY EMAIL ADDRESS

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor:_____ Address: _____ Phone: _____

Doctor:_____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

_____

_____

_____

****

Helpful Information About Child:

_____

_____

_____

_____

_____

FLA. STATUTE 837.06—WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S.775.082 OR S.775.083.

THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE (Mother)	DATE
SIGNATURE (Father)	DATE
SIGNATURE (Legal Guardian)	DATE

Office Use Only

Fee Paid $ _____ Date _____ _____Cash _____ CC Billed _____

_____MO _____ CK # _____