

Student's Name: _____

Lakeside Christian School

For returning students only

Please complete for your student if information has changed.

GENERAL INFORMATION

Does your child receive medication? _____ Type _____ Reason:

Family church affiliation: _____

Student's physician: _____

Student's physical limitations/allergies (if any): _____

Has the student ever been in trouble with the law, arrested, etc.? _____ If yes, explain briefly:

Has the student ever used tobacco, alcohol, drugs, etc.? _____ If yes, explain:

Indicate any emotional, mental, learning or physical disabilities that would affect the student's activities or progress.

Father's/Guardian's Signature: _____ **Date** _____

Mother's/Guardian's Signature: _____ **Date** _____

Student's Signature: _____ **Date** _____