

Application for Admission

Lawton Academy
of Arts & Sciences



New Student Enrollment Form

Student Legal Name _____ Grade Entering _____
(Student must be 3 years old and toilet-trained for enrollment in PK.)

Prefers to be Called _____ Date of Birth _____ Gender _____

Student Ethnicity *(optional, but helpful for accreditation data purposes)* _____

Parent/Guardian #1 Name _____
(Relationship) (Title) (First) (Middle) (Last)

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

Place of Employment _____ Work Phone Number _____

Parent/Guardian #2 Name _____
(Relationship) (Title) (First) (Middle) (Last)

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

Place of Employment _____ Work Phone Number _____

Parent(s)/Guardian(s) with whom the student lives

- Both parents listed above.
- Parent # ____ listed above.
- Other:

Name _____
(Relationship) (Title) (First) (Middle) (Last)
Address _____ City _____ ZIP _____
Home Phone _____ Cell Phone _____
Email Address _____

Billing Address, if Different

Name _____ Relationship _____

Address _____ City/State/ZIP _____

Are any of your other children currently applying to Lawton Academy?

Name _____ Grade Entering _____
Name _____ Grade Entering _____

Applying for financial assistance ____ yes ____ no

Briefly explain why you would like your child to attend Lawton Academy of Arts & Sciences. If the provided space is not sufficient, please attach the paper on which the remainder is written.

Please answer YES or NO. Has your student received or is your student currently receiving services for any of the following: ADHD; learning disabilities; psychological or personal difficulties; speech, language, or physical problems? _____ If YES, provide with this application: documentation regarding testing, results, treatment or other pertinent information; a list of medications currently prescribed for applicant.

Please answer YES or NO. Has your student ever been found responsible for a disciplinary violation at your current or previous school(s) that was related to academic misconduct or behavioral misconduct which resulted in probation, suspension, removal, dismissal, or expulsion from the institutions? _____ If YES, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

Please note: We have accepted students whose parents have answered YES to the questions above. To withhold information constitutes a fraudulent enrollment and is grounds for immediate dismissal with forfeiture of fees and tuition.

Language Survey

1. What language(s) did your child use when he/she first began to talk? _____
2. What language(s) does your child speak with you at home? _____
3. Has your student ever received English as a Second Language instruction? _____
4. Is a language other than English spoken at home by a parent, sibling, or this child? _____

If yes, please complete questions 5 – 8.

5. What is the language? _____
6. Who in the home communicates in this language? _____
7. This child:

Understands and speaks English fluently	___	yes	___	no
Reads in English	___	yes	___	no
Writes in English	___	yes	___	no
Needs help in understanding English	___	yes	___	no
Needs help in speaking English	___	yes	___	no
Needs help in reading English	___	yes	___	no
Needs help in writing English	___	yes	___	no

8. Did this child experience any problems or difficulty in learning to speak, read, or write in his/her first language? ___ yes ___ no

If YES, please explain: _____

Health Information

Note: The following information is confidential and will be shared with school staff on a need to know basis.

Allergies: Does your child have any significant allergies that school personnel should know about? **Y N**

If yes, list allergy and symptoms of allergic reaction: _____

How is it treated? _____

Medications: Does your child take medications? **Y N**

Please list the name of medication and dosage: _____

Will this medication be given at school? **Y N**

Doctor's Name: _____ **Phone:** _____

Dentist's Name: _____ **Phone:** _____

Health Insurance: Insurance Company: _____

Activity Restrictions: Has your child's doctor placed any current restrictions on your child's physical activities? **Y N**

If yes, please describe and provide written documentation from your child's physician.

Emergency Care Permit: When a child suffers any injury or illness while at school, an immediate and continuing effort will be made to contact the parents. In case of serious injury or illness, first aid will be rendered in accordance with school policies. If ambulance service is necessary, parents must assume financial responsibility.

Acknowledgement

The information contained on this New Student Enrollment Form is true and correct. I understand that all students new to Lawton Academy are enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by Lawton Academy. In the event that the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked.

Lawton Academy of Arts & Sciences is committed to a policy of nondiscrimination in relation to race, creed, color, sex, national origin, religion, ancestry, age, and protected activity. Any harassment/discrimination of students and/or staff, based on the aforementioned protected areas, will not be tolerated and must be brought to the immediate attention of the school principal or school superintendent.

Parent/Guardian Signature _____ Date _____

For office use only

_____ Birth Certificate	_____ Records requested	_____ Entry Date
_____ Shot Records	_____ Records received	

Student Permission Form

Lawton Academy
of Arts & Sciences



I hereby give my permission for _____ to have any emergency care at any school, clinic, doctor's office, or at any hospital which is deemed advisable by medical consultants in the event that the school is unable to contact either parent at the following phone numbers:

This release constitutes authority for any Doctor to proceed with the necessary emergency medical treatment provided neither parent nor specified Physician can be contacted by telephone at the time the child is presented.

Parent's Signature

Date

I hereby give my permission for _____ to be transported for field trips scheduled by Lawton Academy of Arts & Sciences. I further understand that field trips are considered class sessions and that, if I do not wish my child to attend a specific field trip, I will allow him to remain home.

Parent's Signature

Date

Persons Authorized to Pick Up Your Child

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

(Should you send someone not on your authorized list, you need to notify the teacher so that he/she will allow your child to go with this person. This includes parents of other students at this school.)

*Lawton Academy is accredited by
AdvancEd/North Central Accreditation Agency
which is recognized for accreditation by the
Oklahoma State Department of Education.*



