



# STUDENT PROFILE | GRADES 1 - 12

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender:  Male  Female

Grade Application: \_\_\_\_\_ Year of Requested Enrollment: \_\_\_\_\_ (Mth/Year)

Birth Date: \_\_\_\_\_ (Mth/Day/Year) Please attach a copy of Birth Certificate.

Parent/Legal Guardians' Names: \_\_\_\_\_

## SCHOOL INFORMATION

List the school(s) attended, starting with the most recent.

School Attended	Grade	Location	Dates (From - To)
1. _____			
2. _____			

I/we give permission for Langley Christian School to contact my child's previous and/or current school for further information if needed:  Yes  No

Is there anything you wish to convey to the school about your child's character or background? \_\_\_\_\_

\_\_\_\_\_

Does your child have, or has your child experienced any social issues at school?  Yes  No

If Yes, please explain: \_\_\_\_\_

Has your child ever been involved in disciplinary action by a school?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION

Care Card Number: \_\_\_\_\_

Please describe your child's physical condition: \_\_\_\_\_

Can your child participate in a full Physical Education Program?  Yes  No **(Note: Physician's note required to miss PE)**

If no, please describe reason: \_\_\_\_\_

\_\_\_\_\_

Does your child have any of the following medical conditions:

- Diabetes
- Hearing Problems
- Heart Condition
- Asthma
- Vision Problems
- Contact Lenses
- Epilepsy
- Allergies
- Other: \_\_\_\_\_

Are any of the above conditions life threatening?  Yes  No If yes, explain:

Does your child require medications?  Yes  No If Yes, explain:

Does your child require assistance in taking medications?  Yes  No (If yes, authorization forms available at main office)

Additional comments: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### ELL

Is English your child's first language?  Yes  No If no, what is first language? \_\_\_\_\_

Is your child's current/prior schooling in any language other than English?  Yes  No

If yes, what language? \_\_\_\_\_

Is there a possibility that your child will require English Language Learning instruction\*?  Yes  No

\*If LCS determines English Language Learning instruction is needed for your child, there will be a required fee for instruction.

### EDUCATIONAL SUPPORT SERVICES

Has your child repeated any grades?  Yes  No If yes, which grade: \_\_\_\_\_ Year: \_\_\_\_\_

Has your child had, or is your child currently being tutored outside of school?  Yes  No

If yes, please indicate when and subjects: \_\_\_\_\_

Has your child received, or is your child receiving, Speech Language Therapy?  Yes  No

Has your child been diagnosed with ADHD or Anxiety?  Yes  No

Has there every been, or is there currently, a behaviour and/or safety plan in place for your child?  Yes  No

Has your child received, or is your child receiving, any of the following support services:

If yes, please fill in the LCS Educational Support Services Student Information Form found on the Registration Page of the LCS Website.

Learning Assistance  Enrichment / Gifted

Special Education  English Language Learning

Does your child have an IEP (Individual Education Plan), SLP (Student Learning Plan), or LSP (Learning Support Plan)?  Yes  No

\*Important: Please include copy of most recent IEP, SLP or LSP

If yes to any of the above, please explain: \_\_\_\_\_

### OTHER

Has there been Social Services involvement regarding your child?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there any court orders regarding custody of your child?  Yes  No If yes, please explain and provide a copy of relevant documentation: \_\_\_\_\_

Persons to contact in case of emergency, other than parent/guardian:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### SIGNED

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_