



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
- Asthma
- Epilepsy
- Hearing Problems
- Vision Problems
- Allergies
- Heart Condition
- Contact Lenses
- 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 If yes, please explain: _____

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: _____