



Application for Enrollment

Student Information

Student's Name _____ Male / Female
Date of Birth ____/____/____ Social Sec. No. ____-____-____
Citizenship _____ Birthplace _____ County _____
Address _____
City _____ ST _____ Zip _____
Home Phone _____ Cell Phone _____
Known Allergies (N/A if not applicable) _____
Race/Ethnicity _____

Parent Information

Father's Name _____
Cell Phone _____ Email _____
Biological Father? Yes / No If "No," biological father's name: _____
Employment _____ Business phone _____
Highest Education Completed: HS/GED Associate's Degree Bachelor's Degree Other

Mother's Name _____
Cell Phone _____ Email _____
Biological Mother? Yes / No If "No," biological mother name: _____
Employment _____ Business phone _____
Highest Education Completed: HS/GED Associate's Degree Bachelor's Degree Other

Marital status of child's biological parents: Married Widowed Divorced** Separated**
***If divorced, please include a photocopy of most recent Child Custody Order.
If separated, both parents/guardian signatures are required.*

Family Information



**LIVING WAY
ACADEMY**

118 E. George Street
Adairsville, GA 30103
Tel: 770.877.3600

www.livingwayacademy.org

Do you currently attend and support a local Church Body? _____

(Please note a letter of attendance from your Pastor will be required for enrollment)

If so, what is your Church's name? _____

Pastor's Name _____ Phone Number _____

Why do you want your child to attend Living Way? _____

Have the parents in this family accepted Christ as their Savior? _____

To your knowledge, has the child accepted Christ as his/her Savior? _____

Have you and your child read, and do you both agree with the rules and regulations set forth in both the Academy Handbook and the Student Handbook?

Read _____ Agree with _____

Father's Signature _____

Mother's Signature _____

Office use only:

Enrollment date _____

Withdrawal /Graduation date _____



TRANSPORTATION RELEASE FORM

Date: _____

I _____ give my child _____
Parent / guardian *Child's Name*

Permission to ride to and from school with _____.
Persons Name

I _____ give my child _____
Parent / guardian *Child's Name*

Permission to have _____ in the car with them to and from school.
Persons riding with child

Additional persons who can pick up:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Prescription Medicine

Date: _____

I _____ give Living Way Christian Academy permission to administer prescription drugs to _____ as labeled on the bottle and Tylenol or Ibuprofen as needed.

Please note that all medicine must be in its original bottle with its original label or medicine will not be administered.

Any drug allergies? List here: _____

Social Media

Please check the box that best describes your wishes:

- I DO give permission for LWCA to use pictures containing my child on social media for school purposes.
- I DO NOT give permission for LWCA to use pictures containing my child on social media for school purposes.

Parent Signature

Date



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To: Parents and Staff

From: Living Way Christian Academy

Date: 3/10/97

Subject: The Asbestos Hazard Emergency Response Act

In compliance with the Asbestos Hazard Emergency Response Act of 1986 which requires schools to be inspected for asbestos containing building materials. You are notified that this school facility has been inspected. A management plan is on file in the school office and is available for your review. Copies may be obtained for a reasonable reproduction cost. Your inquiry is invited.

Please sign to indicate that you have read the above paragraph.

Signature

Date



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Dear Parent,

Periodically we will be doing activities during school hours that require us to leave the school campus. Such activities may include going to the library, playing ball at local parks, and quarterly field trips. If you do not mind your child taking part in these activities without prior notification, please sign this form and return it.

Thanks!

Signature

Date



Student Record Release

To Releasing School Counselor: _____ Date: _____

School _____

Name: _____

Address: _____

City _____ ST _____ Zip _____

Dear Counselor:

My child(ren) has (have) been withdrawn from your school. Please release their academic, IEP and health records, including most current IEP and Service plans if applicable, to the following school. Thank you.

Accepting School
Living Way Academy
118 E. George St.
Adairsville GA 30103

Students' Name(s) _____ Age _____ Grade Level at time of withdrawal
First & Last Name

Signature of parent/guardian _____

Principal Signature _____



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Dear Parents,

Please fill out the following application packet and return it to us as soon as possible. Please mail it if necessary. If you have a kindergarten age child please include a copy of their birth certificate, social security card, and immunization records. These are mandatory and must be received before your child can start school.

Thank You,

Tina Spellman, Principal



Standard of Conduct

Student's Name _____ Age _____

Address _____ Grade _____

Parent's Name _____ Phone _____

The student's attitudes, conversation, and behavior reflect the character of the institutions from which he/she derives his/her training. This form reflects the school's attempts to secure students who would best adjust to the rigor of a highly disciplined training program characterized by high standards of personal conduct.

Do you attend church regularly? _____ Where? _____

Are you a Christian? _____ How do you know? _____

Do you accept the Bible as God's Word and submit yourself to its principles as the final authority?

Do you sincerely pledge allegiance to the Christian and American flags? _____

Have you ever smoked/vaped? _____ Do you currently? _____

Do you drink alcoholic beverages? _____

Have you used narcotics of any kind? _____ Do you currently? _____

Have you ever been expelled or suspended from school? _____ How long ago? _____

Will you promise not to draw, wear, or display in any way anti-Christian symbols? _____

Continue on the next page..



Will you agree to dress in public according to modesty standards, being a consistent daily example, and not wear immodest clothing? _____

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? (Read Rules) _____

Do you WANT to attend this school? _____ Why? _____

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment. Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of the school, I pledge to uphold this school's rules and guidelines stated in the school handbook. I will maintain behavior which exemplifies courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this school while I am a student attending the school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

Signature of student _____

Signature of principal _____