



1052 Fairfield Ave.
Eugene, OR 97402
(541) 689-5847

Lifegate Christian School

NEW STUDENT REGISTRATION PACKET 2011/2012

Thank you for considering Lifegate Christian School for your child's education. If you have any questions regarding the application process please do not hesitate to call the office with your questions.

Application Procedures *(all must be completed before child is in attendance)*

1. Review Letter from the Administrator, Profile and Financial Information
2. Complete all parts of the application, including Parent-School Contract, Medical, Volunteer, and Driver approval forms.
3. Obtain required reference forms.
4. Include copies of the following:
 - a. Most recent report card and achievement test
 - b. Transcript (high school students)
 - c. Immunization records
5. Bring the completed packet in to the school office or mail to the address above.
6. Call to schedule an appointment with our administrator for a personal family interview. This is a time when prospective students and their parents meet with Lifegate's administrator to clarify the goals of the school as well as the educational goals of the family. This will assist in determining if Lifegate is an appropriate fit for your family's needs.

Please be reminded that the application process is not a guarantee of admittance. Families will be notified as soon as possible after all forms and steps have been completed

Upon acceptance, fees must be paid and tuition arrangements made with our Accounting Department before the student can attend classes.

Statement of Non-Discrimination

Lifegate Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic, and other school-administered programs.

Student Name: _____ Grade: _____ Full-Time Part-Time

Father's Information

Father's Name: _____
(Full legal name) Last First Middle Name

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Birth Date: _____ Phone: _____

E-Mail Address: _____ Cell Phone _____

Occupation: _____
Position Name of Employer or Business Phone

Mother's Information

Mother's Name: _____
(Full legal name) Last First Middle Name

Address: _____
(If different than above)

City: _____ State: _____ Zip: _____

SSN: _____ Birth Date: _____ Phone: _____

E-Mail Address: _____ Cell Phone: _____

Occupation: _____
Position Name of Employer or Business Phone

Spiritual Information

Name of Church attending: _____

Address: _____

Pastor's Name: _____ Church Phone: _____

Denomination: _____ Not currently attending

How do you provide spiritual training for the children in your home? _____

What goals do you have in mind for the training and development of your child(ren) as individuals? _____

Is your child receptive to spiritual teachings? Yes No

Student's Name: _____
(Full legal name) Last First Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Student's Birth Date: _____ Place of Birth: _____
City State Country

SSN: _____ Male Female

Last School Attended: _____ Grade: _____

Address City State Zip

Student lives with:

- Both Parents Father Only Mother Only Father/Step-Mother Mother/Step-Father
- Guardian Father Deceased Mother Deceased

Ethnic Origin (for statistical use only):

- Caucasian African-American Native American or Alaskan Native Asian or Pacific Islander
- Hispanic Multi-Ethnic Other _____ Decline to Specify

Scholastic Information

Has your child ever been suspended, dismissed or refused admission to another school? _____

Explain: _____

Did your student have any disciplinary problems in his/her previous school? Yes No _____

Has student ever skipped a grade: Yes No Ever repeated a grade? Yes No

When calling your previous school, what comments could we anticipate? _____ Good Student
 _____ Discipline Problem
 _____ Learning Disabilities

Background Information

Are there any unique factors in your child's life? (Absence of father or mother, adoption, grandparents in the home, unusual accident or serious illness, any disability.) _____

Does your child have any limitations which would hinder him/her from normal progress in a regular classroom situation?

Yes No If yes, please explain: _____

Please list any other information which you feel would be helpful? _____

STUDENT QUESTIONNAIRE *(to be filled out by the student)*

Name: _____ Grade Entering: _____

Do you, yourself, want to attend Lifegate Christian School? Yes No Not sure

On a separate sheet of paper, write a 100 word essay on "Why I want to attend Lifegate Christian."

Tell Us About Yourself

1. Have you received Jesus Christ as your Savior? Yes No Not sure

If "yes" state briefly when and where _____

2. Do you go to church regularly? Yes No Do you go to Sunday School regularly? Yes No

Where do you attend? _____ Are you a member of a youth group? Yes No

3. Which subject in school do you like best? _____ Why? _____

Which subject is most difficult for you? _____ Why? _____

Have you ever been on Honor Roll? _____

4. Do you plan to go on to college? Yes No Not sure What courses of study are you interested in?

5. How often do you read for enjoyment? _____

6. How much time do you spend watching TV? Average number of hours daily. _____

7. Do you have a job after school or week-ends? Yes No How many hours? _____

What is it? _____

8. Are most of your friends Christians? Yes No

9. Have you ever used tobacco? Yes No Illegal Drugs? Yes No Alcoholic Beverages? Yes No

(If there is a "yes" answer, please explain fully. If more space is needed, please use another sheet of paper.)

Student Commitment

I realize that Lifegate Christian is a Bible-based school. With that knowledge and my present understanding, I make the following commitment:

In School I will...

1. Respect all God-established authority, especially teachers and staff members of the school.
2. Obey all school regulations with a sincere desire to cooperate and not with mere outward formality.
3. Diligently do the assigned school work to the best of my ability. Assignments will be turned in with promptness and care.

Outside School I will...

1. Live a Christian life to the best of my ability.
2. Not use tobacco, alcohol, or illegal drugs.
3. Avoid worldly misuses of the boy-girl relationship.

By my signature below, I certify that I have answered the above questions honestly completely. I further realize that attendance at Lifegate Christian is a privilege and I will do my best to obey all school rules and policies. I understand that failure to keep these commitments may result in exclusion from Lifegate Christian.

Student Signature: _____

Date: _____

Student Name: _____
Last First

Grade _____

Home Phone: _____

Birth date: _____

Administration of Medications

The following medications and dosages are available in the office. Please check all that you would allow your child to receive from the staff.

Acetaminophen (325mg/tablet) (Tylenol)

- 1 tablet
- 2 tablets

Tums (500mg/tablet)

- 1 tablet
- 2 tablets

Ibuprofen (200mg/tablet) (Advil)

- 1 tablet
- 2 tablets

Cough Drops (various)

- 1 drop
- 2 drops

_____ **DO NOT DISPENSE ANYTHING TO MY CHILD WITHOUT MY PRIOR CONSENT**

.....

Transportation Authorization

The following individuals have permission to pick up my child from school:

NAME: _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

NAME: _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

NAME: _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

NAME: _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

Field Trip/ Travel Permission

I hereby give permission for my child to participate in any and all field trips taken by Lifegate Christian School. In addition Lifegate Christian School has my permission to transport my son/daughter by private or rental vehicle.

Parent's signature

Date

Authorization to Consent to Medical Treatment

2011/2012

Child's Name: _____ Birth Date: _____ M / F (circle one)

Address: _____ Zip: _____ Phone: _____

Parent/Guardian Name(s) _____

Mother's Phone (Work): _____ (Cell): _____ (Other) _____

Father's Phone (Work): _____ (Cell): _____ (Other) _____

HEALTH INFORMATION

Doctor: _____ Phone: _____ Date of last physical: _____

Address: _____ Current Immunizations? Y / N

LIST: Chronic illness or allergies _____

Current medication _____

Any other medical conditions _____

EMERGENCY CONTACTS: Start your list with the person you want contacted first in case of an emergency and a parent can not be reached. We will continue until one of your contacts has been notified:

1. **NAME:** _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

2. **NAME:** _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

3. **NAME:** _____ Relationship to student: _____

Home Phone: _____ Work: _____ Cell: _____

I, the undersigned parent/guardian of _____, do hereby authorize Lifegate Christian Mid/High School Administrative/Staff member as Agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital and to transport by an emergency vehicle to said facility should it be necessary.

I, the undersigned, will be financially responsible and promise to make payment for all services consented by Agent(s) that are not covered by my personal medical insurance. Agent(s) shall NOT have the authority to withdraw or withhold any life support health care, treatment, procedures or equipment.

Parent/Legal Guardian Signature

Date

Volunteer's Name: _____
Last First Middle

Contact Information

E-Mail Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Work Phone: _____ Home Phone: _____

Please describe your previous volunteer experience: _____

(Use an additional sheet if necessary)

Emergency Information

Contact Name: _____ Relationship: _____ Phone: (____) _____

Your Physician: _____ Phone: (____) _____

BACKGROUND CHECK AUTHORIZATION

Your signature below authorizes Lifegate Christian School and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____ Male _____ Female _____

Current Address: _____

Other Names Used: _____
(Maiden, alias, legal name change, etc.)

DOB: _____ DL#: _____ State: _____

Previous Addresses in past 7 years: _____

Have you ever been convicted of any crime? Yes _____ No _____

If "Yes," Explain: _____

I have reviewed and completed this form as applicable to me. I give Lifegate Christian School permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy of facsimile of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Volunteer Applicant's Signature

Date

Confidentiality Statement

Confidentiality is the preservation of privileged information concerning the student, which is disclosed in a working relationship. Part of what you learn is necessary to provide services to the student; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about a student is confidential, and disclosure could make you legally liable, or could damage your relationship with the student and make it difficult to help the student.

All records regarding students must be treated as confidential.

Before you begin your assignment as a volunteer you should be aware of the laws and penalties of breaching confidentiality. Violation of the Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

My signature below certifies that I have read and understand the material above. I understand my duty to abide by the laws and policies regarding the preservation of confidential information.

Volunteer Applicant's Signature

Date

Reporting Student Abuse

As defined in Oregon law, student abuse includes the following five categories:

- Physical
- Mental
- Sexual
- Neglect
- Threatened Harm

Oregon law designates school employees and certain other professionals as mandatory reporters, which means that when they have reasonable cause to believe a student is being abused or a person has abused a student, they must make a report to Services to Children and Families (SCF) or a law enforcement agency (police, sheriff, county juvenile department).

Volunteers are mandatory reporters. If you suspect abuse, or if a student reveals abuse, do not act shocked, but close the conversation as gracefully as possible and contact the school administrator or counselor as soon as possible.

Volunteer Applicant's Signature

Date

VOLUNTEER DRIVER AGREEMENT

2011-2012

(Driver Name: LAST, First)

You have agreed to transport students of Lifegate Christian School to a field trip function or for some other school approved purpose. Please be aware that in the event of an accident, your insurance will be the primary coverage. The school's insurance will take effect only after your personal auto insurance limits are exhausted.

In order to serve as a volunteer driver, you will be required to complete the following forms and provide copies of the requested documents before driving for any school field trip or outing:

1. Driver Agreement
2. Volunteer Application
3. Copy of current Oregon driver's license
4. Copy of most recent insurance declaration page listing the following minimum coverage:
 - (1) **\$100,000 liability per person for bodily injury**
 - (2) **\$300,000 liability per incident for bodily injury for all vehicle occupations**
 - (3) **\$50,000-\$100,000 liability for property damage**

1st Automobile

Make/Model: _____ Year: _____ Color: _____

License Plate#: _____ Number of working seat belts: _____

Insurance Co.: _____ Policy:# _____ Expiration date: _____

- I verify that insurance on this vehicle meets or exceeds Lifegate's minimum coverage requirements _____ (please initial)
- Uninsured/underinsured motorist coverage? [] Yes [] No

2nd Automobile

Make/Model: _____ Year: _____ Color: _____

License Plate#: _____ Number of working seat belts: _____

Insurance Co.: _____ Policy:# _____ Expiration date: _____

- I verify that insurance on this vehicle meets or exceeds Lifegate's minimum coverage requirements _____ (please initial)
- Uninsured/underinsured motorist coverage? [] Yes [] No

- [] Yes [] No Are you licensed to drive a commercial vehicle?
- [] Yes [] No Have you been in an accident in the last three years? If YES, please describe the accident and its cause on another sheet of paper and attach it to this form.
- [] Yes [] No Have you been ticketed for moving violations within the last three years? If Yes, please describe the infractions on another sheet of paper and attach to this form.
- [] Yes [] No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?

I affirm that:

- I possess a valid Oregon state driver's license
- I will maintain the minimum insurance coverage required as stated above
- I will advise the school of any change in information: renewal of driver's license and insurance coverage
- I will transport only the amount of students as I have working seatbelts, (No double belting is permitted)
- I will carefully transport students under my care, including obeying all traffic laws.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc)
- I will notify school personnel if I no longer wish to drive or if I wish to be removed from the approved driver list
- The information given on this form is true and correct to the best of my knowledge

Driver's Signature

Date

LIFEGATE CHRISTIAN SCHOOL APPEARANCE AND ATTIRE

DRESS CODE

Please refer to the Student Handbook for further information.

Clothing expectations

Appropriate - The fabric, style, cut, occasion, etc. are to be taken into consideration so that the final result is modest, considerate attire for both ladies and gentlemen. By definition modest attire does not attract undue attention nor is it disruptive to school proceedings.

Dress Standards for all students

- Clothing must fit properly--neither too tight, too large, nor too revealing. The size of the garment is to correspond with the size of the wearer.
- Midriffs are to remain covered at all times (including when arms are raised).
- Undergarments are to be worn and not seen.
- Pants must be worn with the waistband within 2 inches of the top of the hipbone.
- Neat/Clean - This means clothing that is clean and in good shape **without holes or fraying**.
- Hem of shorts must be no more than three inches above the knee (including when seated, etc).
- Shoes must be worn at all times.
- No sharp jewelry or belts.
- No chains hanging from pockets.
- Messages on clothing, accessories or any other place must be compatible with the Christian faith.
- Hats, bandanas, or head coverings are not to be worn.
- Studded belts are okay as long as they aren't distracting or dangerous.
- Studded choke-type necklaces and bracelets are not allowed.
- Tank tops and sleeveless tops will not be worn. All sleeves must be capped or longer.
- No visible tattoos.
- Camouflage fatigues, militia attire, sweat pants, pajama bottoms, athletic shorts and warm-up/nylon pants are not appropriate for school dress.
- Special "unique" dress styles not mentioned above will be handled on an individual basis.

Men

- Hair should be neatly trimmed and of a natural hair color. Hair must be cut above the eyebrows and not fall below the base of the neckline. Ponytails, as with mullets, are not allowed.
- Facial hair must be neatly trimmed.
- Piercings shall go unadorned (no ring or stud/clear plastic plug is acceptable).

Women

- Hair should be neatly trimmed and of natural hair color.
- Hem of skirt must be no more than three inches above the knee (including when seated, etc). Slits in skirts follow the same standards.
- Tight fitting attire and revealing cuts are inadmissible.
- Piercing shall be limited to three earrings in each ear. Any other piercing shall go without adornment (no ring or stud/clear plastic plug is acceptable).

Gym Clothes—Men's and Women's

PE uniform (Lifegate T-shirt & black shorts) Shorts no shorter than 5 inches above the knee are acceptable.

Exceptions for Teams:

On game days, the coaches of the various sports may exercise their prerogative to have the team dress uniformly (within the dress code) in a manner signifying team unity.

Chapel Attire

On a chapel day, chapel dress is to be worn for the entire day.

Men's Chapel Dress

Dress pants (no denim) can be conservative, muted colors that are dressy. A tucked in dress shirt, dress shoes (non sport) and a necktie will be worn.

Women's Chapel Dress

Almost any color of skirts or dress slacks (no denim) and blouses may be worn as long as they are of a non-clashing, non-distracting nature, with the following exceptions: Blouses may not be t-shirts or t-shirt type. Dress shoes (non sport) are required.

Formal Dress for Special Events

Formal occasions are graduation, banquets, and any other Lifegate School sponsored event. Students who invite guests will be responsible to ensure their dress and appearance meets these standards.

Men's Formal Dress:

Dress slacks, dress shirt and tie are appropriate.

Dress shoes (non sport) are required.

Jacket or tuxedo are acceptable but not required.

Women's Formal Dress

Modesty is the goal, elegance is expected.

Shoulders must be covered. Strapless or spaghetti strap attire must be covered.

Low-cut or backless dresses are prohibited.

Dress length to be no more than 3 inches above the knees.

2011/2012

2011/2012 PARENT-SCHOOL CONTRACT

- I will pray earnestly for Lifegate Christian School.
- I will cooperate fully in the educational functions of LCS, faithfully attending the parent meetings and corresponding quickly to requests from teachers for conference.
- I understand that my child/ren will be taught Christianity as defined by the LCS Statement of Faith
- I will pay all of my financial obligations to LCS on or before the date due. If I am unable to pay on time, I will notify the bookkeeper to make arrangements for payment.
- I realize that volunteer hours are very important to fully cover the activities of our school; our family commits to 30 hours throughout this school year. If I choose not to participate, I understand a monetary donation is expected.
- If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved, rather than begin to spread criticism, or hold a negative attitude.
- I will seek for the excellence and advancement of LCS in all areas.
- I agree to pay for a full quarter for my child/ren even if I have to move or for some reason take my child/ren out of Lifegate. I realize that staff must be hired by contract, so my obligation is to finish paying for the quarter in which my child/ren are currently enrolled.
- I understand no progress reports, report cards or other such services will be provided unless all tuition and fees are current.
- I understand that no transcripts will be sent until all financial obligations to LCS are paid in full.
- I understand that the fall Parent Meeting is compulsory and at least one parent must attend.
- I understand if my child is in sports, I will help with the gate and concessions at games.
- I will support all fundraisers with my time and resources.
- I have read and understand the Student Handbook, and even if I don't always agree with a rule or policy, I will support the Administration and the school.

Parent Pledge

I/We have read the above policies, as well as the Student Handbook, and have carefully considered the program of the school. I/We have shared them with my/our student(s), and agree to support them and the school authorities in dealing with my/our child(ren).

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



1052 Fairfield Ave.
Eugene, OR 97402
(541) 689-5847

Lifegate Christian School

CONFIDENTIAL PASTORAL REFERENCE

To be completed by your Pastor, Youth Pastor, or Sunday School Teacher not related to the applicant

Student's Name _____ Grade _____
Last First M.I.

I have known the applicant for _____ years.

They attend church _____ weekly _____ bi-monthly _____ monthly _____ rarely

Student Rating:

	Please check one			
	Excellent	Good	Average	Below Avg.
Demonstration of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful to parents and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were responsible for a Christian school would you admit this student? _____

If no, please state reason: _____

Comments:

Does the applicant have a Christian testimony? _____

Does the applicant hold a position of leadership in a youth group or Sunday school? _____

What is your relationship to the applicant? _____

Your church and the denomination _____

Your address _____

Your phone number _____

Signed _____ Date _____

THANK YOU FOR YOUR TIME IN FILLING OUT THIS FORM

Please return to:

Lifegate Christian Mid/High School
Attn: Records Clerk
1052 Fairfield Ave.
Eugene, OR



1052 Fairfield Ave.
Eugene, OR 97402
(541) 689-5847

Lifegate Christian School

CONFIDENTIAL EDUCATIONAL REFERENCE

To be filled out by a teacher, principal, etc. of the student.

Name of Applicant _____ Applying to Grade _____

My son/daughter is applying for admission to Lifegate Christian School. I would appreciate your completing this form and returning it directly to the school. I hereby authorize the release of my child's records and/or evaluative data to Lifegate Christian School

Parent Signature: _____ Date: _____

In what capacity and for how long have you known the applicant? _____

Your candid estimate of the applicant will be of value to us, and your comments will be held in strict confidence. Please indicate your ratings by numbers in the right hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
ACADEMIC ABILITY	Exceptional	Above Average	Average	Lower marginal ability	Poor academic risk	
INITIATIVE, DRIVE	Outstanding, resourceful	Well above the average	Generally strong enough	Occasionally weak	Very weak or lacking	
LEADERSHIP & RESPONSIBILITY	Outstanding, top positions	Commendable, top or next to top positions	Capable, minor positions, good	No sign of leadership or involvement	Record of irresponsibility	
INTEREST IN NON-ACADEMIC ACTIVITIES	Outstanding	Commendable, top or next to top positions	Active participation	Minor participation	No	
PARENTAL SUPPORT	Exceptional	Quite good	Average	Sometimes unsupportive	Often unsupportive, critical of school	
PEER RELATIONSHIPS	Highly respected, well-liked	Respected/liked	Accepted, but not sought out	Some difficulty in cultivating	Poor/unhealthy, unskilled socially	
PERSONAL QUALITIES	Superior personal qualities	Great strengths in personal qualities	Strengths outweigh weaknesses	Somewhat immature for age	Very immature for age	
EMOTIONAL	Extremely well balanced	Well balanced	Usually no problems	Some problems	Many problems	
SUMMARY AS A STUDENT	Outstanding	Above average	Average	Below average	Poor	
SUMMARY AS A PERSON	Outstanding	Above average	Average	Below average	Poor	

Does this student have any significant limitations? (physical, social, mental, emotional) _____

Has the student been punctual and regular in attendance? Yes No

Is the student eligible to pass to the next grade? Yes No

Signature of Teacher _____ Date: _____

Please Print Name: _____ Position: _____

Name of School _____ Phone Number: _____

THANK YOU FOR YOUR TIME IN FILLING OUT THIS FORM

For confidentiality purposes, please seal envelope, sign over seal, and return Attn: Records Clerk to the address above.