

# Lincoln Christian School

## Parent/Guardian Information Form

The goal of Lincoln Christian School is to partner with parents in the education process. For this reason, we endeavor not only to become familiar with each student applicant, but also to learn more about his/her parents to ensure that a successful partnership can exist.

A separate form is to be completed by **each** parent/step-parent/guardian of the applicant. Additional copies of this form can be downloaded and printed from the Enrollment page of the LCS website as needed. If any further space is needed to answer any of the questions below, please attach a separate sheet of paper.

Applicant's Name: \_\_\_\_\_ Grade in 10/11: \_\_\_\_\_

Parent/Step-parent/Guardian's Name: \_\_\_\_\_

Relationship to Student Applicant: \_\_\_\_\_

Name of church that you attend: \_\_\_\_\_

Please check the box below that best describes your church attendance:

- |   |  |
|---|--|
| <input type="checkbox"/> Very consistent (Weekend and midweek)  | <input type="checkbox"/> Seldom (Once a month) |
| <input type="checkbox"/> Consistent (One service per week)      | <input type="checkbox"/> Rare / Never          |
| <input type="checkbox"/> Occasional (2 or 3 services per month) |  |

Have you received Jesus Christ as your personal Lord and Savior? Yes / No

### Lifestyle Information

- | <u>Self</u>                  |                             | <u>Spouse</u>                |                             |  |
|------------------------------|-----------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you or your spouse ever been accused of and/or convicted of spousal abuse in any form?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you or your spouse ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you or your spouse ever been convicted of a felony?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you or your spouse been involved in homosexual activity within the last five years?   |

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

## Family Information

This page should be completed by each parent/step-parent/guardian in cases where the parents are separated, divorced, and/or remarried.

1. Who has custody of the child?

Father  Mother  Other \_\_\_\_\_

2. What are the custody arrangements?

Sole (full)  Joint (50/50)  Other

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this arrangement fully and consistently established in your child's routine?

Yes  No

4. How would you describe your relationship with each other?

- Great! We work well together for the sake of our child(ren)'s stability.  
 Fair. We have differences but handle our conflicts in a private and mature manner.  
 Poor! We have major differences and it is very obvious to our child(ren).

5. How involved is the other parent in this child's life? \_\_\_\_\_  
\_\_\_\_\_

6. Would both parents participate in on-campus activities?

Yes  No

7. Would both parents have drop-off and pick-up responsibilities?

Yes  No

8. Are both parents attending church on a regular basis?

Father  Yes  No Church name \_\_\_\_\_

Mother  Yes  No Church name \_\_\_\_\_

9. Are there any issues with the other parent we should be aware of including (but not limited to) drug use, sex offender, outstanding warrants, pending custody battles, or threats made against you or your children? (If yes, please explain on a separate sheet of paper.)

Yes  No

10. Signature: \_\_\_\_\_ Date: \_\_\_\_\_