



Lynden Christian Schools

"Linking head and heart, home and school, child and God."

Bellingham-Evergreen Campus: Preschool – 8th Grade

Lynden Campus: Preschool – 12th Grade

Dear Prospective Lynden Christian Family,

Thank you for requesting information about Lynden Christian Schools. Choosing Christian education will make an extraordinary difference in the life of your child. Consider the following:

At Lynden Christian Schools, your child will be taught in the light of the Word of God. The Bible is the foundation and center of everything we do. We believe that the education of your child is not secular because our world belongs to God, so everything we study belongs to God. Every subject area is rooted in the creation and must be viewed through the eyes of Scripture. The academic, emotional, social and spiritual dimensions of life all come together in a Christian School.

Lynden Christian Schools recognize the uniqueness of God's children. We recognize that every child is special, with God-given gifts that need to be identified, carefully nurtured, and cultivated in a caring, Christian environment. Our mission is to educate children so they may grow into perceptive and caring Christians who will have a transforming influence in the world.

Standards are important, too. In a world that often seems to have lost its moral and ethical compass, Lynden Christian Schools stand as a beacon of hope. Here, children learn about right and wrong, about Biblical values and how to integrate them in daily living.

For these reasons and many more, we believe that the best gift you could give your child is the opportunity for a true Christian education. I have enclosed some information that will help you learn more about Lynden Christian Schools. If you have any questions or would like to come to our campus for a personal tour, please call me at 360-318-9525, Ext. 1004.

Blessings to you and your family!

Warmly yours in Christ,

Kathy Chambers

Director of Community Development



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FOR OFFICE USE

Date received _____	Development Office _____
Start date _____	Business Office _____
Application Fee _____	High School Office _____
Database _____	Middle School Office _____
	Elementary School Office _____

STUDENT APPLICATION

Campus applying to: Bellingham Lynden

Student Information

New Family Current Family Year applying for _____

Student's Name: _____ Gender: M F Date of Birth: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

School last attended: _____ Grade applied for: _____

Address: _____ School's phone: () _____

Child resides primarily with: Both Parents Father Mother Stepmother Stepfather Grandparents Guardian

Ethnicity (State requirement RCW 28A.195.060) Check one: Asian or Pacific Islander Black or African-American
 Hispanic, Chicano or Latino American Indian/Alaskan Eskimo White/Caucasian

Family Information

Father's Name: _____ Mother's Name: _____
Last First Last First (Maiden)

Phone: () _____ Cell Phone: () _____ Phone: () _____ Cell Phone: () _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: () _____ Business Phone: () _____

Alumnus of LCHS: Yes No If yes, Class of _____ Alumnus of LCHS: Yes No If yes, Class of _____

Church Membership: _____ Church Membership: _____

PLEASE NOTE: If your child is in a shared-custody situation or you have special mailing instructions, please complete the enclosed **Special Instructions Form**, which will help us enter all the correct information into our computer.

List other children in family: Name Birth Date

General Information

How did you become acquainted with Lynden Christian Schools? _____

Has your child been involved in any of the following:

- Special Education Gifted Program Speech Therapy Counseling Remedial Reading/Math
- Tested by a school psychologist Other (please explain) _____

Please explain any special needs or concerns you have about your child and his/her education: _____



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SPECIAL INSTRUCTIONS

The purpose of this form is for shared custody situations and/or special mailing instructions. We want to make sure everyone who is involved with a student at Lynden Christian receives the proper information from the school. Please fill out only the sections that apply to your situation.

Student(s) /Grade(s): _____

Student Custody Information

Are there any custody regulations regarding your child? Yes No If yes, please explain on the other side.

Child resides primarily with: Both Parents Father Mother Stepmother Stepfather Grandparents Guardian

Father's Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Should receive the following: Home Bulletin Lyncs Lines Report Card Discipline notices Parent Letters

Mother's Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Should receive the following: Home Bulletin Lyncs Lines Report Card Discipline notices Parent Letters

Guardian's Name and Relationship: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Should receive the following: Home Bulletin Lyncs Lines Report Card Discipline notices Parent Letters

Tuition Responsibility

Party responsible for the tuition payments if other than parents listed on the Student Application form.

Name and Relationship: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Should receive the following: Home Bulletin Lyncs Lines Report Card Discipline notices Parent Letters

Additional Mailing Addresses

Others not listed on the application forms who should receive information from the school:

Name and Relationship: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

This person should receive the following: Home Bulletin

For additional names and addresses, please use the back of this form.



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PLEASE NOTE: Please complete the following information for children enrolled at Lynden Christian Schools.

FAMILY INFORMATION

Student's Last Name	First Name	Grade	Birthdate	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child resides primarily with: Both Parents Father Mother Stepmother Stepfather Grandparents Guardian

Church membership: _____

Are there specific custody regulations regarding any child listed above? Yes No
If yes, a Special Instructions form must be completed.

FATHER/Guardian's Name: _____ Home Phone: () _____

Address: _____ School District: _____

City: _____ State: _____ Zip: _____ LCS School Bus #: _____

Father's place of employment: _____ Work Phone: _____

Can you be reached at work in case of emergency? Yes No

Father's additional information: Cell Phone: () _____ **Email:** _____

MOTHER/Guardian's Name: _____ Home Phone: () _____

Address: _____ School District: _____

City: _____ State: _____ Zip: _____ LCS School Bus #: _____

Mother's place of employment: _____ Work Phone: () _____

Can you be reached at work in case of emergency? Yes No

Mother's additional information: Cell Phone: () _____ **Email:** _____

If a student is ill or injured at school, we will attempt to call a parent. If a parent cannot be reached, we need the name and number of a family member or friend whom we can call to come and pick the child up from school. Please list at least two names:

Name	Phone/Cell Phone	Relationship to student
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____

Parent/guardian: _____ Date: _____

Please complete "Medical Information" sheet.



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MEDICAL INFORMATION

Father/Guardian's Name: _____

Cell Phone: () _____ Work Phone: () _____ Home Phone: () _____

Mother/Guardian's Name: _____

Cell Phone: () _____ Work Phone: () _____ Home Phone: () _____

Child resides primarily with: Both Parents Father Mother Stepmother Stepfather Grandparents Guardian

Are there specific custody regulations regarding any child listed below? Yes No
If yes, a Special Instructions form must be completed.

Child's Address: _____

City/State/Zip: _____

Student's name	Birthdate	Grade	Allergies	Daily Meds.	Other Medical Conditions:
_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	_____	Yes / No	Yes / No	Yes / No

Additional information: If yes to any of the above, please explain below.

Physician's name: _____ Phone: () _____

Name of Clinic: _____

Medical Release

As parent or legal guardian, I authorize a licensed physician to examine the above-named student(s) in the event of injury, to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the school authorities to send the above-named student(s) to the hospital or doctor most accessible.

Parent or legal guardian: _____ Date: _____



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EXPECTATIONS

The following are expectations that the school has of its families. You are asked to read them carefully and pledge yourself to these commitments:

1. First and most important is the Christian commitment of parents and students, as evidenced by church involvement, active Christian service, testimony, etc.
2. Lynden Christian Schools is a *community* of believers, a *body* which has the responsibility to work together to provide Christian nurture for God’s children. We do not do that *which is right in our own eyes*, rather we work supportively with the LCS Board and staff in maintaining Christian standards, policies and procedures.
3. Lynden Christian Schools expect its parents to be actively involved in school affairs and functions. Lynden Christian School is a parent-directed school, which relies on parents taking active roles in its support and government. Attendance at LCS Society meetings and parent/teacher conferences are two good examples of this.
4. Lynden Christian Schools expect all new families to attend a *New Parent* class on Christian educational philosophy and practices. These classes are usually scheduled during the summer and near the beginning of the new school year. (This class is not required for families with preschool children only.)
5. Lynden Christian Schools expect its parents to faithfully meet their financial obligations. Tuition is paid by Electronic Fund Transfer (EFT). The LC School Board Finance Committee is responsible for overseeing the collection of tuition payments. The Loyalty Committee is an arm of the Finance Committee which meets monthly to monitor receipts. This committee will deal with any past due accounts. The following procedures will generally be followed for past due accounts:
 - a. 01-30 days past due: Letter from the Loyalty Committee
 - b. 30-60 days past due: Letter and personal contact by Loyalty Committee
 - c. 60-90 days past due: Letter from Loyalty Committee requesting a meeting to determine if enrollment should be terminated
 - d. 90-120 days past due: Finance Committee will recommend termination of enrollment to the School Board and your past due accounts could be sent to a collection agency.
6. It is also understood that when your child(ren) leave the school, your financial obligations will be either paid in full or formal arrangements made to satisfy remaining obligations *before* the academic records will be sent to another school or college.
7. Lynden Christian Schools expect its parents to actively support the fundraising activities of the school. It is understood that tuition alone does not cover the cost of educating children. Parents are expected to contribute financially as they are blessed when the opportunities arise.

I/We have read and agree with the above expectations and desire to meet these expectations and proceed in the education of my/our child(ren) at Lynden Christian Schools.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this signed form with the “Student Application” form.



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SPIRITUAL LIFE

Lynden Christian Schools is an extension of your Christian home. Your home, your church and this school work as a team seeking to glorify Jesus Christ in all things. Based on this belief, we require at least one parent to be a professing Christian.

Parent/Guardian Name: _____

Student Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Based on your relationship with Jesus Christ your Lord and Savior, please answer the following questions. Students who are fourth grade or older are encouraged to attach a statement of their spiritual standing and why they wish to attend Lynden Christian Schools. *(If you need more space for these questions, please attach an additional sheet.)*

1. Please explain your personal relationship with Jesus Christ.

HOME

2. The Christian home is critical to the home-church-school environment. How do you strive to be a Christian home?

CHURCH

3. Please describe your family's commitment to Christ and His church.

4. Which church do you attend? _____

Pastor's name: _____ Telephone: _____ Email: _____

Please continue on next page



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SCHOOL

5. Please explain why you desire Christian education for your child(ren).

SPIRITUAL REFERENCE SECTION

Please list two people for verification of your spiritual walk. (Example: Pastor, ministry leader, personal Christian friend or advisor)

Name	Relationship	Telephone	Email

IT ALL COMES DOWN TO THIS: Our Mission

The mission of Lynden Christian Schools is to be an effective instrument of God. Together with Christian parents and the church, we educate children and young people so that they may grow and mature into perceptive and caring Christians. Our goal is to produce citizens who will have a transforming Christian influence in the world.

YOUR COMMITMENT

In making this commitment, we are signifying our intent to join the Christian community at Lynden Christian Schools and work in partnership with the school and our church in training our children in the way of our Lord and Savior, Jesus Christ.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Documentation of Immunity by Blood Test (titer)

I certify that the child named on this form has laboratory evidence of immunity to (check all that apply):

- Diphtheria Hepatitis A Hepatitis B Hib Measles Mumps Polio Rubella Tetanus Varicella
 Other (list): _____ lab report(s) attached (required)

X

Typed or Printed Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X

Signature of Licensed Health Care Provider (required)

Date (required)

Vaccine Trade Names*

Read down and across - Trade Names are in Alphabetical Order.

Trade Name	Vaccine	Trade Name	Vaccine
Acel-Imune	DTaP	Menomune	MPSV4
ActHIB	Hib	OmniHIB	Hib
Adacel	Tdap	Pediarix	DTaP + IPV + Hep B
Boostrix	Tdap	PedvaxHIB	Hib
Certiva	HPV	Pentacel	DTaP + IPV + Hib
Comvax	Hib + Hep B	Pentavalente	DTaP + Hep B + Hib
Daptacel	DTaP	Pneumovax	PPV23
Decavac	Td	Prevnar	PCV or PCV7
Engerix-B	Hep B	ProHIBIT	Hib
Fluarix	Flu	ProQuad	MMRV
FluMist	Flu	Quadracel	DTaP + IPV
Fluvirin	Flu	Recombivax	Hep B
Fluzone	Flu	Rotarix	Rotavirus
Gardasil	HPV	RotaTeq	Rotavirus
Havrix	Hep A	Tetramune	DTP + Hib
HibTITER	Hib	TriHIBit	DTaP + Hib
HyperTET	TIG	Tri-Immunol	DTP
HyperHEP B	HBIG	Tripedia	DTaP
Ipol	IPV	Twinrix	Hep B + Hep A
Infanrix	DTaP	Vaqta	Hep A
Kinrix	DTaP + IPV	Varivax	Varicella
Menactra	MCV4		

Vaccine Abbreviations*

Read down - Abbreviations are in Alphabetical Order.

Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus
DTaP	Diphtheria, Tetanus, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis
Flu (TIV or LAIV)	Influenza
HBIG	Hepatitis B Immune Globulin
Hep A (HAV)	Hepatitis A
Hep B (HBV)	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HPV	Human Papillomavirus
IPV	Inactivated Poliovirus Vaccine
MCV4	Meningococcal Conjugate Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
MMR	Measles, Mumps, Rubella
MMRV	Measles, Mumps, Rubella, Varicella
OPV	Oral Poliovirus vaccine
PCV or PCV7	Pneumococcal Conjugate Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Rota (RV1 or RV5)	Rotavirus
Td	Tetanus, Diphtheria
Tdap	Tetanus, Diphtheria, acellular Pertussis
TIG	Tetanus immune globulin
VAR or VZV	Varicella

*These lists may not be comprehensive; visit <http://www.doh.wa.gov/cfh/immunize/forms/default.htm> for updated lists.



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Requests that you make your tuition payments automatically

Cost Effective. Your automatic payment saves the school the expense of ordering coupon books and the time and expense of processing hundreds of checks each month.

Convenient. Your payment will be deducted automatically on the date you choose for the amount of your monthly tuition payment. You can have your payment deducted from any financial institution in the United States.

Confidential. Your payment will be processed as an EFT (Electronic Funds Transfer) through the ACH (Automated Clearing House). The ACH does not have a direct link to your account and therefore does not have access to your personal financial records.

Easy Enrollment. Just complete the Debit Authorization Agreement and return it with your voided check to the Business Office of Lynden Christian Schools. Your agreement will stay in place for each succeeding year, unless you notify us of a change. If you must delay or change your payment date, please provide notification at least 3 (three) working days prior to your payment date.

If you have questions, please contact Mary Kuiken or Tami Blankers at (360) 318-9525.

Debit Authorization Agreement For Tuition Payments

Name of Financial Institution

Address of Financial Institution (Branch, City State and Zip)

Checking/Savings Account Number (*attach voided check*)

Financial Institution Routing Number

Name on the Bank Account

Home Address

Signature

Date

1st 10th 20th last business day of the month
Indicate payment date of each month (check one)

I (we) hereby authorize Lynden Christian Schools to initiate debit entries to my (our) Checking/Savings account at the financial institution listed above, and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until my (our) tuition account is paid in full or until Lynden Christian Schools is notified by me (us) in writing to cancel it 3 (three) days prior or in such time as to afford Lynden Christian Schools and the Financial Institution a reasonable opportunity to act on it.

Office Use Only

Received _____ Pre-Note _____ Account# _____ Amount \$ _____