



118 East George Street  
Adairsville, GA 30103  
Tel: 770.877.3600  
Fax: 770.877.3601  
Principal – Jon Spellman  
[www.livingwaychristianacademy.org](http://www.livingwaychristianacademy.org)

## 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 \_\_\_\_\_

### 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.*





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## Family Information

Do you currently attend and support a local Church Body? \_\_\_\_\_

If NO, are you willing to discuss this with a school leader? \_\_\_\_\_

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** \_\_\_\_\_





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**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 \_\_\_\_\_  
Persons riding with child

in the car with them to and from school.

Additional persons who can pick up:

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





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## 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.**





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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





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**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 and health records to the following school. Thank you.

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

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

Signature of parent/guardian \_\_\_\_\_  
Principal Signature \_\_\_\_\_





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Dear Parents,

Please discuss with your student(s) and help them fill out the following application pages and return them 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,

Jon Spellman, Principal







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### 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 derives his 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? \_\_\_\_\_ Do you now? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_

Have you used narcotics of any kind? \_\_\_\_\_ Do you now? \_\_\_\_\_

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? \_\_\_\_\_





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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 \_\_\_\_\_

