



**Complete only if the parent/guardian address is different than the student:**

**Mother / Guardian's Name** \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

**Father / Guardian's Name** \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

**PERMISSION TO OBTAIN MEDICAL CARE:**

In the event my child is involved in an accident or becomes sick to the extent that he/she should not remain at school, I understand that the parent or guardian will be notified immediately. If they cannot be contacted, the contact person listed on this form will be contacted. If the accident or illness is not of an emergency nature, the child will remain at school until arrangements can be made for his/her care.

I, the undersigned, give permission to school officials to act in my behalf in an emergency situation to obtain medical treatment for my child, especially if the situation is so severe that a delay caused by contacting the parent/guardian prior to seeking medical help will be detrimental to the child or if the parent/guardian cannot be contacted. In the event the child needs immediate medical attention and the parent/guardian cannot be contacted, the school principal (or a responsible person representing the principal in the absence of the principal) has my permission to call 911 for emergency medical assistance and transportation. I agree to accept full responsibility for payment of all ambulance, hospital, and physicians' bills or charges for any services rendered.

**DISCIPLINE COVENANT & UNIFORM POLICY:**

I understand that, as a parent/guardian, I have the primary responsibility to help my child develop strong character, personal discipline, respect for others, respect for authority and good citizenship. I am familiar with the **CODE OF CONDUCT Policy** for Lincoln Charter School, and agree to offer my full support to my child's teacher and principal in their efforts to maintain a high standard of student discipline and conduct at the school.

I am also familiar with the school's mandatory **Uniform Policy**. I understand that consistent failure to observe the uniform policy can be grounds for terminating my child's enrollment at Lincoln Charter School.

**STUDENT INFORMATION:**

Birth Certificate, (passport/visa), social security card and official record of immunizations must be presented at the time of enrollment. Copies of these documents are to be placed in the folder and originals returned to parent/guardian. A request for transfer of school records must be signed if the child has been previously enrolled in any school.

A student's grade placement is contingent upon receiving and verifying records from the previous school and/or with placement tests administered by Lincoln Charter School.

**When a student transfers into the public schools of an LEA, the local board of education shall require that the student's parent, guardian, or custodian provide a statement made under oath or affirmation before a qualified official indicating whether the student is, at that time, under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state. (G.S. 115C-366)**

I affirm that the student named on the reverse side of this application is in compliance with General Statute 115C-366.

**I, the undersigned, have received, read, and understand and agree to adhere to the policies and conditions of Lincoln Charter School.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print name of Student

\_\_\_\_\_  
Date