

Family Information Sheet

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Office Use Only

LAKELAND CHRISTIAN SCHOOL

1111 Forest Park Street Lakeland, FL 33803
 Telephone (863) 688-2771 FAX (863) 682-5637
<http://www.lcsonline.org>

An online family directory with addresses and phone numbers is published in the fall. Please check the box below if you **DO NOT** want your information published in our directory.

HEAD OF HOUSEHOLD:

Title (<i>Dr./Mr./Rev.</i>):
Full Name:
SS#:
Address:
City: St: Zip:
Home Phone: ()
Cell: ()
*E-mail #1:
*E-mail #2:
Employment Information
Employer:
Employment position:
Work Phone: ()
Pager: ()
Name of Church:
Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Occasionally
Marital Status:

SPOUSE:

Title (<i>Dr./Mrs./Ms.</i>):
Full Name:
SS#:
Address:
City: St: Zip:
Home Phone: ()
Cell: ()
*E-mail #1:
*E-mail #2:
Employment Information
Employer:
Employment position:
Work Phone: ()
Pager: ()
Name of Church:
Attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Occasionally

***One email address (per family) is required.
 (emails will be sent to every email address on file)**

CHILDREN: List names of all enrolling students.

Please list the oldest first and include last name if different.

<table border="1"> <tr><td>1st:</td></tr> <tr><td>Gender:</td></tr> <tr><td>Date of Birth:</td></tr> <tr><td>SSN#:</td></tr> <tr><td>Grade Entering:</td></tr> <tr> <td> Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify): </td> </tr> <tr><td>Indicate custody or guardianship if applicable:</td></tr> <tr><td>3rd:</td></tr> <tr><td>Gender:</td></tr> <tr><td>Date of Birth:</td></tr> <tr><td>SSN#:</td></tr> <tr><td>Grade Entering:</td></tr> <tr> <td> Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify): </td> </tr> <tr><td>Indicate custody or guardianship if applicable:</td></tr> </table>	1st:	Gender:	Date of Birth:	SSN#:	Grade Entering:	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify):	Indicate custody or guardianship if applicable:	3rd:	Gender:	Date of Birth:	SSN#:	Grade Entering:	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify):	Indicate custody or guardianship if applicable:	<table border="1"> <tr><td>2nd:</td></tr> <tr><td>Gender:</td></tr> <tr><td>Date of Birth:</td></tr> <tr><td>SSN#:</td></tr> <tr><td>Grade Entering:</td></tr> <tr> <td> Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify): </td> </tr> <tr><td>Indicate custody or guardianship if applicable:</td></tr> <tr><td>4th:</td></tr> <tr><td>Gender:</td></tr> <tr><td>Date of Birth:</td></tr> <tr><td>SSN#:</td></tr> <tr><td>Grade Entering:</td></tr> <tr> <td> Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify): </td> </tr> <tr><td>Indicate custody or guardianship if applicable:</td></tr> </table>	2nd:	Gender:	Date of Birth:	SSN#:	Grade Entering:	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify):	Indicate custody or guardianship if applicable:	4th:	Gender:	Date of Birth:	SSN#:	Grade Entering:	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please specify):	Indicate custody or guardianship if applicable:
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Indicate custody or guardianship if applicable:																													

NON-RESIDENTIAL PARENT INFORMATION:

Name:	Home Phone: ()
Address:	Cell: ()
	*Email:
City: St: Zip:	
Additional Comments:	

