



Lambs & Ivy
 1185 Macon View Drive
 Cordova, TN 38018
 (901) 507-6971
 FAX (901) 507-6975
 www.thelambsivy.com

OFFICE USE ONLY	
Date received:	_____
Reg. Fee Paid:	_____
Book Fee:	_____
Testing Date:	_____
Tour:	_____
B/A Program:	_____
Interviewed:	_____
Driver's License:	_____
Health Record:	_____
Accepted:	_____
Notification:	_____

Application for Admission

A Non-Refundable Application fee of \$50.00 must accompany application.

STUDENT INFORMATION

Name _____ Applying for _____ grade Fall 20 _____

Home Address _____ Telephone Number _____

City _____ State _____ Zip _____

Birthdate ____/____/____ S.S.# ____/____/____ Nickname _____ Age ____ Sex: ____ M ____ F

What program will your child be attending?

- Kindergarten 8:30-3:30
- First Grade 8:30-3:30
- Before & After School Program 6:30-8:30 & 3:30-6:30 (Breakfast & afternoon snack included)

ADDITIONAL INFORMATION (used for reporting to the State)

Ethnic Origin ____ American Indian ____ Asian ____ Black, African-American ____ Hispanic
 ____ Caucasian/Anglo-American ____ Other (please specify) _____

Lambs & Ivy admits students of any race, color, national or ethnic origin. All the rights, privileges, programs and activities are made available to students of the school. Lambs & Ivy does not discriminate on the basis of race, color, national or ethnic origin.

PARENT INFORMATION

Father's Name _____

Home Address _____ State _____ Zip Code _____

Home Telephone _____ Cell phone/pager _____

Employer / Occupation _____

Employer Address _____

Employer Telephone _____ Fax # _____ Email Address _____

Mother's Name _____

Home Address _____ State _____ Zip Code _____

Home Telephone _____ Cell phone/pager _____

Employer / Occupation _____

Employer Address _____

Employer Telephone _____ Fax # _____ Email Address _____

Child lives with whom? ____ Mother ____ Father ____ Both ____ Other ____

Please check if parents are: ____ Married ____ Separated ____ Divorced ____ Single

If parents are divorced or separated, who has legal custody of the student? _____

How did you hear about Lambs & Ivy? _____

If there are other children in your family, please complete the following:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Names of others living in the home:

_____ Relationship to the child: _____

_____ Relationship to the child: _____

Primary language spoken in the home: _____

Other language (s) spoken in the home: _____

Please describe any handicap or disability, Lambs & Ivy should be aware of to ensure accommodations can be made to best serve the needs of your family.

PREVIOUS SCHOOL HISTORY

Please list schools previously attended:

School	Address	Dates	Grades Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been suspended? _____ expelled? _____ or asked to withdraw? _____
If so, please give full details on a separate piece of paper, including the school's name and address.

Has your child ever repeated a grade? _____ If so, state the grade and date. _____

Has your child ever received or been tested for any special education services? Please check and explain the following items.

- Speech and/or language therapy
- Educational evaluation or psycho-educational assessment by psychologist, psychiatrist or counselor.
- Neurological evaluations
- Been expelled or asked to be removed from any other early education program/facility

Please explain the results from any testing below

What is your main reason for choosing Lambs & Ivy for your child's educational needs?

CHILD'S PERSONAL HISTORY

Does child speak any languages in addition to English? _____

What are the child's interests and favorite activities _____

Does your child have any dietary restrictions? (if yes, please explain) _____

Disciplines by which your child has been reared or taught _____

Methods most effective in dealing with misbehavior _____

Aside from health issues (see next page), does the child have any special needs that we should be aware of?

If you have any further information that will assist us in the guidance of your child at Lambs & Ivy, such as pertinent medical or psychological data the school should be aware of, please indicate below.

MEDICAL INFORMATION

Physician's Name _____ Telephone Number _____

Address _____

Emergency Contacts

Name

Address

Telephone

Is your child presently taking any medication that would need to be dispensed at school? If so, please explain.

EMERGENCY MEDICAL AUTHORIZATION/RELEASE

We hereby grant permission to LAMBS & IVY to take whatever action in its judgment may be necessary in supplying Emergency Medical Services to the above named child. We understand that consistent with the circumstances of the situation and available time, LAMBS & IVY will attempt to contact and follow the instructions of the parent, guardian, physician or other person(s) designated by us to LAMBS & IVY. In the event such persons are not available, or time does not permit reaching them, we hereby grant permission to LAMBS & IVY to contact and comply with the advice of any physician or other medical or emergency personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses incurred by LAMBS & IVY in making emergency medical care available to the above named child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date