

**Lakewood Christian School**  
 840 South George Nigh Expressway  
 McAlester, OK 74501  
 (918) 426-2000

**Parental Agreement and Registration Form, 2025-2026**

From the oldest to the youngest, please list the names and grades of the child(ren) you are enrolling.

<u>Last Name</u>	<u>First Name</u>	<u>Grade (fall of upcoming school year)</u>

Since the school has a financial obligation to its employees, students are considered enrolled for the entire school year. Tuition is calculated based on the entire year; therefore, no reductions may be granted for days missed. No deductions will be made for tuition during the school year, regardless of the cause of such absence. If a student enters school after the school year has begun, charges are pro-rated according to the actual number of days enrolled. All accounts should be paid in full at the end of the school year to receive report cards or transcripts. No school records will be released for any student when a balance is owed on the student's account. Postdated checks are not accepted to release records.

K3-K4-K5	1 <sup>st</sup> -6 <sup>th</sup> Grades	7 <sup>th</sup> -8 <sup>th</sup> Grades	9 <sup>th</sup> -12 <sup>th</sup> Grades
\$3,800.00	\$4,600.00	\$5,000.00	\$5,700.00

Tuition and all fees save incidental charges (registration, extended care, lunches, and activity fees) are included in the Fee Schedule for the 2025-2026 academic school year.

**FEES INCLUDE:**

Registration Fee: \$ 150.00

Lunch Fee: k3-6th grade is \$4.75 (including milk) 7th-12th grade is \$5.00 (including milk)

Chick-Fil-A Wednesday is \$6.00 for every student (all grades, Including milk) Milk is only \$0.50

Extended Care Fees: Registration: \$ 10.00 per family Hourly: \$5.00

**Delinquent Accounts:** If an account falls thirty (30) days past due, the student will be sent home and will not be allowed to return to school until the account is updated. Students will not be allowed to start school in August if a balance is owed for any reason from the previous year(s). Tuition may be paid in one annual payment for the entire year, or pay in ten-month installments to LCS beginning in August. Payments may be made by check, credit card, automatic or online payments. We strongly encourage you to sign up for automatic deduction. Late fees will be assessed at a rate of 5% for overdue accounts of 1-30 days. At the end of thirty days,

our outstanding balance will be due in full.

Parent or Guardian Initials \_\_\_\_\_

School Year 2025-2026: Grade Enrolling \_\_\_\_\_ Family Name: \_\_\_\_\_

New Family to LCS: Yes  No

Family Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Parental Status

Student Lives With

Student's Legal Name:

- Married
- Separated
- Divorced
- Remarried
- Single
- Widow/Widower

- Both Parents/Guardian
- Mother
- Father
- Mother/Stepfather
- Father/Stepmother
- Grandparents
- Other:

\_\_\_\_\_

Student Lives at the Following Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Exclude Email Address from School Directory  Exclude Family Name from School Directory   
Exclude Address from School Directory

Social Security Number: \_\_\_\_\_ Male  Female

Childs Birth Date: \_\_\_\_\_

Student's Previous School District: \_\_\_\_\_

Race Ethnicity: Hispanic  American Indian/Alaska Native  Asian   
African American  Native Hawaiian/Pacific Islander  Caucasian

FATHER:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Exclude from School Directory

**MOTHER:**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Exclude from School Directory

Parent or Guardian Initials \_\_\_\_\_

**MEDICAL:**

List the Name and Phone Number of Your Child's Medical Contact if Parent or Guardian is unavailable:

\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

List All Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Any Health Problems. List Any Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May school personnel administer Tylenol/Advil or Tums? Yes  No

Please list the names of those who may pick up your children from school.

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Initial \_\_\_\_\_

I understand that sending my children to Lakewood Christian School is a privilege and not a right. The goals of the school are not to reform, but to train Christian youth to the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship. The discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agents of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline as outlined in the Scriptures and the school handbook. This may include such measures as instruction, exhortation, correction, rebuke, and corporal punishment (with parental permission). Corporal punishment is only used after other methods have failed. Corporal punishment is administered only by the principal or superintendent and witnessed by a staff member.

I do permit corporal punishment. YES  NO

Parent or Guardian Initial \_\_\_\_\_

### **Physical Education**

I permit my child to participate in physical education activities. If my child becomes physically unable to participate, it is my responsibility to notify the school in writing. Medical examinations are the prerogative and responsibility of the parents and are encouraged by LCS for grades 6 (G6) and below. Lakewood does not provide or require physical examinations before physical education classes; however, beginning in grade 7, all participants in an organized sport will be required to undergo a physical examination due to the strenuous nature of the conditioning for such athletic programs. A physical release from a doctor must be on file in the school office before the student may participate in any athletic competition including practices.

Parent or Guardian Initial \_\_\_\_\_

### **Lockers/Desks**

I understand that the school lockers and desks are the property of the school. The school can open and search lockers or desks at any time. The school is not responsible for items/articles lost or stolen.

Combination locks are the only type of locks permitted on lockers. All locks placed on lockers must have the combination registered with the school office before placement. Lockers are not to be used until assigned by the homeroom teacher and the locker agreement is signed by the student.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Transportation Permission**

I now give my permission for Lakewood Christian School to transport my child, provided that the driver has liability insurance in force and has a valid driver's license. I relieve the school and any representatives of the school of all responsibility in case of accident or injury. I understand the school provides only general supervision. I grant Lakewood Christian School and its personnel the right to obtain emergency treatment during any off-campus activity. This agreement covers all off-campus activities and transportation.

Parent or Guardian Initial \_\_\_\_\_

**Liability**

Should legal action be taken against the school or any employee or agent thereof on my child's behalf and the school or its' legal agent is found not at fault, I agree to pay any attorney fees, court fees, damages, or other costs that the school or its agent should incur to defend itself against such action.

Parent or Guardian Initial \_\_\_\_\_

If I withdraw my child during the school year, I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first of a given month, I will remain responsible for the complete month's tuition.

Parent or Guardian Initial \_\_\_\_\_

**Video and Internet Usage**

I allow my child's image to be used on the internet and the school website for informational purposes. These will usually be pictures and videos used to show projects and events at school. Students' names will not be posted. If it becomes necessary to give a student's name (as in the case of a contest outside of school), parents will be contacted before the event.

Parent or Guardian Initial \_\_\_\_\_

**STATEMENT OF FAITH**

I realize the school is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will work with school personnel to ensure my child's best possible learning experience.

Parent or Guardian Initial \_\_\_\_\_

I have read, understand, and agree with the above information and request that my child be permitted to attend Lakewood Christian School for the 2025-2026 school year. I have included the non-refundable and non-transferable registration fee(s) for each child.

Father's (Guardian) Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Mother's (Guardian) Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Lakewood Christian School does not discriminate based on race, color, national origin, age, disability, or sex.

**LAKWOOD CHRISTIAN SCHOOL**  
Partners in Education Agreement

The greatest damage we could do is to submit your child to divided authority. “I appeal to you, Dear Brothers and Sisters, by the authority of our Lord Jesus Christ, to live in harmony one with each other. Let there be no divisions in the church, rather, be of one mind, united in thought and purpose.” Corinthians 1:10

I have read the Partners in Education package, including the listing of Lakewood Christian School’s various expectations and requirements, the Honor Code, and the Statement of Faith. I agree that as long as my child is enrolled at Lakewood Christian School, my child and I shall fully adhere to these expectations and requirements and the terms of the Honor Code and the Statement of Faith. I understand and agree that if I or my child fail in any respect to do so, Lakewood Christian School at its discretion may suspend or expel my child.

Father/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print the names of your children who attend, or who are currently enrolling, at Lakewood Christian School.

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