



Name of Student: \_\_\_\_\_

Grade entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_

Applying for : \_\_\_\_\_ four day program (Mon am- Fri pm) \_\_\_\_\_ seven day program

### 1. CONTACT INFORMATION

#### Parents

Father \_\_\_\_\_ Mother: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

*If parent does not speak English, list a relative, neighbor, or friend who can speak/read English:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### US Contact Person (required)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### 2. MEDICAL HISTORY

**Please mark any health conditions that your child has or has had:**

\_\_\_ asthma (is inhaler needed? \_\_\_\_\_)

\_\_\_ seizures (type \_\_\_\_\_ date of last seizure \_\_\_\_\_)

\_\_\_ diabetes (type 1 \_\_\_ type 2 \_\_\_)

\_\_\_ cardiac condition

\_\_\_ severe allergies (peanut, tree nuts, milk, shellfish, etc)

Please list: \_\_\_\_\_

\_\_\_ drug allergies

Please list: \_\_\_\_\_

\_\_\_ serious illness, injury, or operation

Please list: \_\_\_\_\_

Please list any diet restrictions:

Please list any other medical conditions:

Any restrictions on physical activity?

Medications (taken at home or in school)

Name: \_\_\_\_\_ dose: \_\_\_\_\_ Times: \_\_\_\_\_ Reason: \_\_\_\_\_  
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Student has the following:

glasses  contact lenses  hearing aids  ear tubes  
 other devices: \_\_\_\_\_

Date of last Tetanus booster (Tdap): \_\_\_\_\_

### 3. MEDICAL PERMISSION

**PERMISSION TO TREAT (must be signed by a parent or legal guardian)**

*In the event of an emergency, school staff will attempt to contact the listed parents or guardians. If the school is unable to reach a parent or legal guardian, the undersigned authorizes school staff to make whatever arrangements it deems necessary for the health and safety of the child.*

I hereby give consent for licensed health care providers to carry out accepted procedures for diagnosis, immunization, medical and minor surgical treatment, or counseling for my son or daughter. In the event that I cannot be reached, I also hereby give my consent for emergency treatment for the above-named Lancaster Mennonite School student according to the judgment of the attending physician, nurse, and/or athletic trainer.

The school nurse may prepare a confidential list of students with significant health concerns of which teachers and staff should be aware to protect the health and well-being of those students. By signing below, I also allow the nurse to share any health information she/he deems appropriate for persons caring for my child to know.

Signature of Parent or Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## 4. OVERNIGHT PERMISSIONS

*(Please check one.)*

The School will need my specific permission each time my son/daughter visits the home of another Lancaster Mennonite student overnight.

The School will need my specific permission each time my son/daughter visits the home of another Lancaster Mennonite student overnight except for the following student(s) listed here:

\_\_\_\_\_

The School does not have to get my specific permission each time my son/daughter visits the home of another Lancaster Mennonite student overnight.

Note: Before a student leaves campus for an overnight visit, the residence hall office must receive two critical pieces of information: 1.) Permission from the student's own parent as marked above, and 2.) Word from an adult host present at the destination who agrees to take responsibility for the student while they are away from the school.

## 5. DRIVING PERMISSIONS

Before a student rides with someone other than a Lancaster Mennonite parent/guardian, faculty, or staff member, he/she must obtain permission from a Residence Hall advisor. Residence Hall advisors will honor the permissions below.

*(Please check one.)*

My son/daughter needs my specific permission to ride in a car, with the exception of faculty, staff members, relatives, Lancaster Mennonite parents/guardians, or others as designated by the School.

My son/daughter may ride in a car only with the people listed below; otherwise he/she needs my specific permission, with the exception of faculty, staff members, relatives, Lancaster Mennonite parents/guardians, or others as designated by the School.

\_\_\_\_\_

My son/daughter does not need my specific permission to ride in a car.

## 6. OTHER PERMISSIONS

My son/daughter may participate in day or overnight off-campus, school chaperoned activities such as class field trips and class activities without my specific permission.

## 7. RESIDENCE HALL BREAKS/ TRAVEL

Graybill Hall closes over the Christmas school break. All boarding students are **required** to do one of the following over this time:

- Return home.
- Board with the U.S. contact person listed on the student application forms.
- Board with a local, approved host family. Please note that LMH does not provide host families. All host arrangements must be made by an approved agency or U.S. guardian.

## Plans for Christmas Break

\_\_\_\_\_ I will return home for Christmas break.

\_\_\_\_\_ I have arranged to stay with a local host family or my listed U.S. contact person.

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

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

Telephone (home/cell): \_\_\_\_\_

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

**Students, regardless of age, are not permitted to travel at any time during the school year without a parent, guardian, or approved adult chaperon, unless they are traveling home or to the family listed above. Male and female students may not schedule an overnight trip together without proper supervision and approval.**

## 8. BOARDING EXPECTATIONS

The Lancaster Mennonite High School boarding program creates a nurturing, safe, and inclusive community that is committed to excellence and shaped by the life and teachings of Jesus.

All students should expect to have a roommate. Most rooms both residence halls host two students. The Residence Hall Director makes room assignments. Any questions regarding housing may be addressed to the Residence Hall Director at least two weeks prior to arrival.

- The residence hall requires a commitment to participation on community building activities.
- Boarding students are expected to maintain satisfactory school attendance and conduct.
- Boarding students, regardless of age, **are not permitted to possess or use alcohol, tobacco, tobacco products, or illegal drugs.**
- Boarding students are expected to comply with the daily residential schedule as determined by school administration and residential staff.
- Boarding students are not permitted to travel during the school year without a responsible, approved adult chaperon.

I have read the information on this application and am willing to comply with the rules, policies, and expectations of Lancaster Mennonite School, as explained above and in the school Policy Manual, the student handbook, and the Residence Hall handbook.

**I understand that failure to comply with rules, policies, or expectations may result in my being asked to leave the boarding program.** I further understand that Lancaster Mennonite School reserves the right to interpret and apply, and modify and adopt, with or without notice, its rules and policies, in its discretion.

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

Signature of Parent/ Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_