

LENAWEE CHRISTIAN SCHOOL

Integrating Biblical Truth for Life



APPLICATION FOR ADMISSION

Families Enrolling More Than One Child

Date child will enter school _____
MONTH YEAR

Grade child will enter _____

Student's Name _____
LAST FIRST MIDDLE

Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Mailing Address _____

Gender Male _____ Female _____

Parents' Names _____

Home Phone (____) _____

Siblings' Names _____

List chronologically all the schools this student has attended, including nursery school and kindergarten. (If any were home schooled or tutored study, please describe the curriculum and give dates.)

| DATES | GRADE | NAME OF SCHOOL | ADDRESS OF SCHOOL |
|-------|-------|----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has your child ever been retained in a grade? _____ If so, what grade? _____ Please explain. _____

It is understood that each child will be placed in the grade that best meets his or her individual needs as determined by a standardized placement test, the teacher's evaluation, and as agreed upon between the parents and principal.

Has your child ever been suspended or expelled? _____ If so, please explain. _____

List any physical disabilities (heart, hearing difficulty, speech impediment, asthma, etc.) _____

Has your child had any early history of illness? _____ If so, please explain. _____