

LAKEWOOD CHRISTIAN SCHOOLS

Elementary School

5336 Arbor Road, Long Beach, CA 90808 (562) 425-3358

Patrick Major, Administrator

APPLICATION FOR ADMITTANCE

(To be completed in full)

APPLICATION STATEMENT

I hereby make application for my child _____ for grade _____
First Name Last Name

in Lakewood Christian Schools beginning _____
Month Year

Signature of Parent or Guardian

Date

STUDENT INFORMATION

Birth Date _____ Sex _____
Month, Day, Year

Birth Place _____
City State

STUDENT RESIDES WITH:

_____ Both Parents _____ Mother/Stepfather
_____ Mother _____ Father/Stepmother
_____ Father _____ Other _____

Attach recent
photo here

BILLING INFORMATION

Please indicate here the person or persons with whom
the school should communicate in relation to this enrollment.

Name (s)

Address City ZIP

(_____) _____
Home Phone

(_____) _____
Cell Phone

OFFICE USE ONLY

Application Received _____

Testing Date _____ Testing Fee Paid _____

Date Accepted _____

Administrator _____

Registration Fee Paid _____ Date _____

Birth Certificate _____ Immunization Record _____

Most Recent SAT or Report Card _____

BACKGROUND INFORMATION

School Last Attended: _____

Address _____
Street City ZIP

GRADE _____ Passed Retained

Has this child ever repeated a grade? _____ Yes _____ No

If so, please explain _____

List schools attended by this child:

School	Grades	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this child ever been dismissed, suspended or expelled? _____ Yes _____ No

Does this child have any limitations or handicaps? _____ Yes _____ No

Are there any unusual factors in this child's life? _____ Yes _____ No

If yes, please explain: _____

Does this child receive regular medication? _____ Yes _____ No

Reason(s) for medication(s) _____

Please list any other information which you feel would be helpful:

CHURCH INFORMATION

Denominational preference _____

Current Church _____
Name Address

Pastor's Name _____

Attendance Patterns	Regular	Occasional	None
Father/Legal Guardian	_____	_____	_____
Mother/Legal Guardian	_____	_____	_____
This Child	_____	_____	_____

What do you want your child taught about God? _____

Please give a statement as to your personal experience and faith in Jesus. _____

SCHOOL POLICY INFORMATION

Please state your primary reasons for desiring to send your child to LCS. _____

In making this application I understand that...

- Registration fees are not refundable.
- My cooperation is expected in regular, prompt tuition payments.
- I agree to support the policies of the school as outlined in the Parent-Student Handbook.
- Each student's class assignment is the responsibility of the school administrator.
- While my child is a student at LCS, the school shall have full discretion of the discipline of my child.

Signature Date

How were you introduced to LCS?

____ Attend Church at Lakewood Family Church ____ Website ____ Friend _____
