



Student Application for Admission

A separate application is required for each additional applicant.

Student Information

Parent/Guardian Last Name _____ First Name _____

Parent/Guardian Last Name _____ First Name _____

Student Full Name (First, Middle & Last) _____

Date of Birth _____ Gender Male Female

Grade Applying:

3 Year-Old Preschool

Class Preference: Morning Class Afternoon Class

Is the child toilet trained? Yes No

4 Year-Old Preschool

Class Preference: Morning Class Afternoon Class T/TH Morning Class

Is the child toilet trained? Yes No

Kindergarten

Class Preference: Every Day Every Other Day

Grade (please specify) : _____

School Year 2010-11 2011-12 2012-13

Child is living with: Both Parents Father Mother Other (please specify): _____

Are there any special custodial concerns? Yes No *If "Yes", please explain:* _____

Current School _____ Street Address _____

City _____ State _____ Zip _____

Any Grades Repeated? Yes No *If "Yes", which Grade(s)* _____

Are there any languages other than English spoken in your home? Yes No

If "Yes", does this student speak and understand English? Yes No

Please describe briefly the student's interests, talents, and abilities:

Student Testing

Copies of any educational, psychological, medical or behavioral testing completed within the last three years must be submitted to LCS with this application. Please note, this application will not be processed until all appropriate documents are received. If you have any further information which may assist us in the guidance of your child at LCS, please explain on a separate sheet of paper and submit with this application.

Has your child had any diagnostic, psychological, behavior, or academic testing within the last three years?

Yes No *If "Yes" please list types of testing and dates tested:_____*

Has your child ever been diagnosed with learning disability or cognitive impairment? Yes No

If "Yes" please list any diagnoses:_____

Has an Individualized Education Program (I.E.P.) ever been created for your child? Yes No

If "Yes" please provide a copy with this application.

Student Disciplinary History

Has the student ever been the subject of a school-required disciplinary action? (e.g. after school detention, suspension, expulsion) Yes No *If "Yes", please explain on a separate sheet of paper.*

Has the student ever been in any trouble with the law? Yes No *If "Yes", please explain on a separate sheet of paper.*



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