LIFE CHRISTIAN
KINDERGARTEN THRU 12TH GRADE APPLICATION FOR ADMISSION

***Mission Statement*: Life Christian provides a Christ-centered environment of academic excellence, where staff works in partnership with families, to develop students who will know and serve the Lord Jesus Christ with all their heart, mind, and strength.**

Life Christian is a selective admissions school looking for students whose lives and achievements best exemplify the mission of our school.

Life Christian does not discriminate on the basis of race, sex, economic or ethnic background, and we reserve the right to deny admission to any student whose abilities or attitudes do not match the spiritual and philosophical mission of Life Christian.

This school is authorized under Federal law to enroll non-immigrant students.

This application must be completed in its entirety. Failure to do so will delay the application process.

Please circle the grade student is applying for:

K 1 2 3 4 5 6 7 8 9 10 11 12 and / or LIFE PROGRAM

Student Name: _____ **Sex**: M F
Last First Middle

Home Address: _____ **Home Phone**: _____
Street **(Area Code)**

_____ **E-mail address** _____
City **Zip**

Birthdate: _____/_____/_____ (Kindergarten Only) **Age on Aug. 31st**: _____ **Birthplace**: _____ **SSN**: _____
Month Day Year

Ethnicity (optional): ☐African American ☐Caucasian ☐Native Indian/Native Alaskan ☐Asian/Pacific Is. ☐Hispanic ☐Other _____

How did you learn about Life Christian? _____

Is either parent forbidden by court order from having equal access to the child or school records? ___Yes ___No

Is there an **active** restraining order / parenting plan we should have on file? ___Yes ___No

(It is the parent's responsibility to provide the school with a copy of any current restraining order, parenting plan or other court order regarding your child.)

Name of legal guardian if other than parent: _____

If student does not live with both biological parents, student lives with: _____ biological mother only _____biological father only

_____biological mother and stepfather _____biological father and stepmother _____ guardian

Names & ages of other family members applying/re-applying to Life Christian: _____

Name of Father / Stepfather / Guardian: (circle one) _____
Last First

Complete Address: _____ Home Phone: (_____)_____

City & Zip: _____ Cell or Pager: (_____)_____

Employer: _____ Work Phone: (_____)_____

Name of Mother / Stepmother / Guardian: (circle one) _____
Last First

Complete Address: _____ Home Phone: (_____)_____

City & Zip: _____ Cell or Pager: (_____)_____

Employer: _____ Work Phone: (_____)_____

Office use only:
Application Fee Received:
Date: _____
Amt: _____

School Year: _____
Registration Fee Received:
Date: _____ ☐Check:_____ ☐Cash
Amt: _____

Family # _____

Child in Family: _____

STUDENT INFORMATION

With your application, please enclose:

- **copies of standardized test results for the last 2-3 years.**
- **copies of report cards for the last 2 years.**
- **if applying for high school, a transcript showing all high school course work taken.**

Why does your student want to attend Life Christian? _____

_____

_____

Why do you as parent/guardian want your child to attend Life Christian? _____

_____

For High School Applicants: Realizing that Life Christian provides a college-preparatory experience within a Christian philosophy and environment, please provide a summary of your college and career goals:

_____

_____

Cumulative Grade Point Average (Gr. 6-12): _____

Academic Honors: _____

_____

Activities, Leadership Positions and Honors: _____

_____

Activities you want to participate in at Life Christian: _____

_____

SCHOOL HISTORY

If this is your child's first school experience, please check here. ☐

List all schools previously attended (including Life Christian if previously enrolled):

School Name	Full Address & Zip	Grade(s)	Dates Attended

Has your child ever been suspended? _____ Expelled? _____ Asked to withdraw? _____

Please give full details to any 'yes' answer on a separate sheet of paper, including the principal's name, date of incident, address of school, and grade at which incident occurred.

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco, cheating, stealing, or sexual immorality? _____

Has your child ever repeated a grade? _____ If so, state grade and date. _____

Has your child ever been tested for or enrolled in a special program? (gifted, learning disabled, special needs) _____

Please give details on a separate sheet of paper.

Reason for withdrawing from present school? _____

_____

Are there current Life Christian parents who could be a spiritual reference for your family? If so, please list them.

_____

_____

If there any additional information that the school should be aware of in order to effectively meet your child's needs? (Please give details)

_____

_____

Did you leave your present school in good standing financially? ___ Yes ___ No If no, please explain _____

_____

_____

GRANDPARENT INFORMATION

Paternal Grandparents: _____

Street Address: _____ Home Phone: _____

City, State & Zip: _____

Maternal Grandparents: _____

Street Address: _____ Home Phone: _____

City, State & Zip: _____

☐ Please include on selected school mailings. ☐ Do not include on selected school mailings.

SPIRITUAL AND CHARACTER INFORMATION

Name of Your Church: _____ Pastor: _____

Address: _____ Phone: _____

Church Attendance: How many times a month do the following family members attend church?

Student	_____	If applicable,	Stepfather	_____
Father	_____		Stepmother	_____
Mother	_____		Guardian	_____

We are interested in hearing more about Life Center. ☐ Yes

Please have a Life Center Pastor contact us. ☐ Yes

FAMILY ESSAY (Gr. K-5) / STUDENT ESSAY (Gr. 6-12) : A 200 word essay is required as part of the application process.

Write an essay regarding your relationship with Jesus Christ and your involvement with your church: _____

_____

_____

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PERSONAL REFERENCES

Please list below three people to whom we may mail or fax a personal reference form. All information must be filled in completely with **accurate addresses including street, city, and zip code**.

Church Reference: Pastor, Sunday School Teacher, Youth Group Leader

Name: _____ Position: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax (optional): _____

School Reference: Current Teacher or Counselor

Name: _____ Position: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax (optional): _____

Adult Reference: Another Teacher, Advisor, Coach or Adult Friend (not related)

Name: _____ Position: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax (optional): _____

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

(All Questions Must be Answered – failure to do so will delay the application process)

Has this applicant received any assistance in the form of tutoring, gifted, talented, or special education programming? ☐Yes ☐No

Please explain: _____

_____

Has this applicant ever been tested for learning disabilities? ☐Yes ☐No Please explain: _____

_____

_____

Has this applicant ever had a formal IEP? ☐Yes ☐No If yes, please submit a copy with this application.

As parent/guardian of this applicant, I verify the above to be true and accurate information and a ***full disclosure*** of this applicant's educational background.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IF ACCEPTED FOR ADMISSION:

☐ DO NOT include my name, address, and phone number on the K-12 car pool list. Extended Care needed (K-8) ☐Before ☐After ☐Both

☐ DO NOT include our name, address, and phone number in the school directory.

☐ I authorize Life Christian to photograph or permit other persons to photograph my/our student while under their care to be used for the support and promotion of Life Christian.