



**Lebanon Christian Schools**  
**The Academy**  
 130 Cook Rd  
 Lebanon, OH 45036

513-228-0677  
 academy@lebanonchristianschool.org  
 www.lebanonchristianschool.org

**Student Information**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last	First	M.I.		
Monday <input type="checkbox"/> AM PM FULL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Half <input type="checkbox"/>	Tuesday <input type="checkbox"/> AM PM FULL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Half <input type="checkbox"/>	Wednesday <input type="checkbox"/> AM PM FULL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Half <input type="checkbox"/>	Thursday <input type="checkbox"/> AM PM FULL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Half <input type="checkbox"/>	Friday <input type="checkbox"/> AM PM FULL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Half <input type="checkbox"/>

All Year  School Year Only

AM = 9:00-11:30am only    PM = 12:30-3:00pm only    Half = 6:30am-12:00pm or 12:00-6:00pm

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Has your child ever been	YES	NO	
Asked to leave any preschool?	<input type="checkbox"/>	<input type="checkbox"/>	
Issued a 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Issued an IEP? (Individualized Educational Plan)	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*If yes to any of above, please attach a separate sheet giving a full explanation. Enclose any necessary documentation\*\*

**Church Information**

Church Information: \_\_\_\_\_

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

*Street Address*

\_\_\_\_\_

*City*

*State*

*Zip Code*

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Family Information

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

\_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings	Name	Age	School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How did you hear about The Academy? Referral Church Internet Newspaper Other

*For referrals, please indicate an LCS family who most influenced your decision to attend*

## Tuition Payment Agreement

I choose to pay my tuition as follows:

\_\_\_ One Year In Advance (Due August 1st) \_\_\_ Two - Payment Plan (due August 1st and December 1st)

\_\_\_ Weekly Payments (*Only available to All Day Students*) \_\_\_ Monthly Payments (*Available to everyone*)

## Parent/Guardian Signature

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

**\$125 Enrollment Fee for first child. \$75 For each additional child**

**\$75 Re-Enrollment Fee for first child. \$50 Re-Enrollment Fee for each additional child**

**Make Check Payable to: The Academy** For Office Use Only Date Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

*The Lebanon Christian School recruits and admits students of any race, color, or ethnic origin of all the rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, ethnic origin in administration of its educational programs and athletics/extra curricular activities. Furthermore, the school is not intended to be an alternative to court or administrative*

*agency ordered or public school district initiated, desegregation. The Lebanon Christian School will not discriminate on the basis of race, color, ethnic origin in the hiring of its certified or noncertified personnel.*