



Lebanon Christian Schools

Grades K-12

1436 Deerfield Rd.
Lebanon, OH 45036

513-932-5590
office@lebanonchristianschool.org
www.lebanonchristianschool.org

Application for Admission

Student Information

Student's Name: _____ Date: _____
Last First M.I.

Grade Entering: _____ Local School District of Residence: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthday: _____ Male: _____ Female: _____

School attended previous year: _____

Previous school address _____

Has your child ever been	YES	NO
Tested as gifted?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced a grade?	<input type="checkbox"/>	<input type="checkbox"/>
Retained in a grade?	<input type="checkbox"/>	<input type="checkbox"/>
Suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>
Expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>
Denied admission to any school?	<input type="checkbox"/>	<input type="checkbox"/>
Requested not to return to any school?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Diagnosed with a Behavioral Disorder or issued a Behavior Plan?	<input type="checkbox"/>	<input type="checkbox"/>

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

Church Information

Church Attending: _____

Address: _____
Street Address

City State ZIP Code

Pastor's Name: _____ Phone: _____

Family Information

Father: _____

Address: _____

City
State
ZIP Code

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother: _____

Address: _____

City
State
ZIP Code

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Email: _____

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

What particular talents or resources might your family bring to LCS?

How did you learn about LCS?	Circle one:	referral	newspaper	church	internet	other
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For referrals, please indicate a current LCS family that most influenced your decision to attend.

*****Has the prospective student's parent/guardian/step-parent or another member of the student's immediate family ever been charged with, convicted of, or pled guilty or no contest to a crime involving a child/minor, or are there any criminal charges of this nature now pending? ___yes or ___no**

If yes, please provide a separate letter of explanation

Parent / Guardian Signature

Name: _____ Date: _____

\$50 application fee per student and \$25 for each additional student to cover assessment/administrative costs

Paid: _____

The Lebanon Christian School recruits and admits students of any race, color, or ethnic origin to 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/extracurricular 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 or ethnic origin in the hiring of its certified or non-certified personnel.

Office only: Check: _____ Cash: _____