



**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 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: