



**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"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	
FULL <input type="checkbox"/>	FULL <input type="checkbox"/>	FULL <input type="checkbox"/>	FULL <input type="checkbox"/>	FULL <input type="checkbox"/>	
Half <input type="checkbox"/>	Half <input type="checkbox"/>	Half <input type="checkbox"/>	Half <input type="checkbox"/>	Half <input type="checkbox"/>	

All Year ☐ School Year Only ☐

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

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: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_  
*City*
*State*
*Zip Code*
Work Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

Employer: \_\_\_\_\_  
*City*
*State*
*Zip Code*
Work Phone: \_\_\_\_\_

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

Siblings	Name	Age	School
1.	_____		
2.	_____		

Has the prospective student's parent/guardian/step-parent or 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 \_\_\_\_\_ NO \_\_\_\_\_

**\*\*If yes, please provide a separate letter of explanation\*\***

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 (Aug 1 & Dec 1)  
☐ Weekly (*All Day & Half Day Students only*)   ☐ Monthly (*AM Students only*)

By signing this application, I understand that my tuition is due weekly and that I will receive a \$10/week late fee for all payments not paid on time.

## Parent/Guardian Signature

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

**\$130 Non-Refundable Enrollment Fee for All Students**

*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 non certified personnel.*