

LINCOLN CHRISTIAN SCHOOL
APPLICATION FOR ADMISSION
 2010-2011 School Year

Office Use Only
Date: _____
Amt: _____
Type/#: _____

Student's Legal Name (Last) _____ (First) _____ (Middle) _____ (Preferred Name) _____

Student's Current Grade Level: _____ Applying For Student to Enter Grade Level: _____

Age _____ Birth Date _____ Social Security Number _____ Home Phone _____

Address _____ City _____ State _____ Zip _____ County _____

Place of Birth (City, County, State) _____ Male Female

Student's Ethnic Background (Optional): Hispanic African American American Indian Asian Caucasian Other

Full Name of Father/Guardian (Include Title: Mr., Pastor, Dr., etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Primary Email Address: _____ Secondary Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

High School Attended: _____ Year of Graduation: _____

College(s) Attended: _____ Dates: _____ Degree: _____

_____ Dates: _____ Degree: _____

Full Name of Mother/Guardian (Include Title: Mrs., Pastor, Dr., etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Primary Email Address: _____ Secondary Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

High School Attended: _____ Year of Graduation: _____

College(s) Attended: _____ Dates: _____ Degree: _____

_____ Dates: _____ Degree: _____

- Please check all that apply:
- Student lives with both parents
 - Parents are separated
 - Student lives with Father
 - Student lives with Mother
 - Parents are divorced
 - Father has custody
 - Mother has custody
 - Grandparent(s) has(have) custody
 - Father is deceased
 - Mother is deceased
 - Joint custody of student is held between _____ and _____
 - Custody arrangements have been court adjudicated. (If applicable, a notarized copy of such adjudication must be filed along with the application before enrolling the student.)

Person responsible for payment of tuition and fees:

 Name Address Phone number (_____) _____

Current and previous school(s) attended, dates, and reasons for leaving: *(If needed, please continue on a separate page.)*

Name of School:	Dates:	Reason For Leaving:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names, ages, grades, and current schools of all siblings: *(If additional writing space is needed, please continue on a separate page.)*

Name of Sibling:	Age:	Grade:	Current School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Does the applicant currently:
- Use tobacco? Yes No
 - Use illegal drugs? Yes No
 - Use alcohol? Yes No
 - View pornography? Yes No

Has/is/does the applicant:

Yes No *(If additional writing space is needed, please continue on a separate page.)*

- Repeated a grade? If yes, what grade? _____
- Attended or made application to Lincoln Christian School? If yes, what year(s)? _____
- Been suspended or expelled (or been recommended for suspension or expulsion) from any school for any reason?
 If yes, explain and include the dates and the name of the school and principal: _____

- Been denied admission to a school? If yes, explain: _____

- Been home-schooled? If yes, give dates, grade level(s), and curriculum used: _____

- Had a clinical diagnosis of a learning disability? If yes, please explain: _____

- Had any additional testing or tutoring? If yes, please explain: _____

Yes No

- Participated in regular, standardized achievement testing?
- Been recommended for any special testing or services, whether or not that recommendation was followed? Explain circumstances: _____
- Undergone psychiatric, emotional, or behavioral testing, treatment, or counseling? If yes, explain: _____
- Been prescribed any behavior-modifying drugs? If yes, explain and include name(s) of medication(s): _____
- Currently taking prescription medication(s)? If yes, list name(s) of medication(s) and their purpose: _____
- Sought help for or been diagnosed with mental or emotional instability? If yes, please explain: _____
- Demonstrated negative social behavior (i.e. disrespect, fighting, name calling)? If yes, explain: _____
- Participated in advanced classes? If yes, in which area(s): _____

Which of the following would best describe the grades typically received by the applicant?

- A's A's and B's B's and C's C's and D's D's D's and Failing Grades

Which of the following would best characterize the amount of homework the applicant is generally doing each week?

- Less than three hours per week Five to eight hours per week
 Three to five hours per week Nine or more hours per week

If the applicant has any physical limitations or chronic illnesses of which we should be aware, please explain. (You may attach a separate page explaining his or her special needs.)

Please use the space below for other pertinent information about your child or family situation that you think could help the school to meet your child's needs, or if you prefer, you may attach a separate page.

Reason for applying to Lincoln Christian School:

Lincoln Christian School was recommended by: _____

Explain whether or not you would support the use of corporal punishment (paddling) as a means of discipline and give your reasons.

What does your child like best about school? _____

Least? _____

What are your child's favorite hobbies or free-time activities? _____

What do you believe is your child's greatest strength socially? _____

Academically? _____

Spiritually? _____

What do you believe needs the most improvement in your child's development socially? _____

Academically? _____

Spiritually? _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Lincoln Christian School admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, and athletic and other school-administered programs.

Note: The application will not be processed without a \$25.00 non-refundable application processing fee; however, payment of this fee does not assure admission. Once all paperwork is returned and the enrollment steps are completed, eligible candidates will be contacted for a family interview. When the enrollment fee is paid, a space will be held for that student. Initially, acceptance is given on a provisional basis and is made final after each family has attended a Partners In Education (PIE) meeting, completed the PIE Agreement Form, and records from the student's former school have been received and reviewed.

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Lincoln Christian School. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Make checks payable to Lincoln Christian School and return to: Lincoln Christian School, Enrollment & Service Center, P.O. Box 770, Tulsa, OK 74101-0770. If you have any questions, please contact the Enrollment & Service Center at (918) 234-8150.