

**LINCOLN CHRISTIAN SCHOOL**  
**APPLICATION FOR ADMISSION**  
2008-2009 School Year

\_\_\_\_\_  
Student's Legal Name (Last) (First) (Middle) (Preferred Name)

Student's Current Grade Level: \_\_\_\_\_ Applying For Student To Enter Grade Level: \_\_\_\_\_

\_\_\_\_\_  
Age Birthdate 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: \_\_\_\_\_



Yes No

- Had a clinical diagnosis of a learning disability? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Had any additional testing or tutoring? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Been recommended for any special testing or services, whether or not that recommendation was followed? Explain circumstances: \_\_\_\_\_
- Undergone formal psychological/emotional/behavior testing or counseling? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- Demonstrated negative social behavior (i.e. disrespect, fighting, name calling)? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- Participated in regular, standardized achievement testing?
- 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 (padding) 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.