



5336 Arbor Road, Long Beach, CA 90808  
Office (562) 425-3358, Fax 1+562-685-0892

David Gantt, Middle School Principal

Brenda Barton, Elementary School Principal

## APPLICATION FOR ADMITTANCE

(Please complete in full.)

Attach recent  
photo here

Student Name: \_\_\_\_\_  
First Middle Initial Last

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Grade Enrolling into: \_\_\_\_\_ School Year: \_\_\_\_\_

### APPLICATION STATEMENT

In making this application I understand that...

- Registration fees are not refundable.
- My cooperation is expected in regular, prompt tuition payments.
- I agree to support the policies of the school as outlined in the Parent-Student Handbook.  
 I verify that I have read the Parent-Student Handbook online (please check the box)
- Each student's class assignment is the responsibility of the school administrator.
- While my child is a student at LCS, the school shall have full discretion of the discipline of my child.
- Registration will be based upon prior citizenship, academic record, attendance record, and other pertinent factors.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date Application Received \_\_\_\_\_

Date Test Fee Paid \_\_\_\_\_ Date Registration Fee Paid \_\_\_\_\_

Past Report Cards \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_

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**FAMILY INFORMATION**

## STUDENT RESIDES WITH:

\_\_\_\_\_ Both Parents              \_\_\_\_\_ Mother              \_\_\_\_\_ Mother/Stepfather  
\_\_\_\_\_ Father              \_\_\_\_\_ Father/Stepmother              \_\_\_\_\_ Other \_\_\_\_\_

**Contact Email for Billing Purposes** \_\_\_\_\_

FATHER OR LEGAL GUARDIAN'S NAME \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City ZIP

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

MOTHER OR LEGAL GUARDIAN'S NAME \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City ZIP

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Brothers and Sisters (Please list below)**

Name	Age	School Presently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Family Members Living in this Household**

\_\_\_\_\_

\_\_\_\_\_

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## BACKGROUND INFORMATION

**School Last Attended:** \_\_\_\_\_

Address \_\_\_\_\_  
Street City ZIP

GRADE \_\_\_\_\_  Passed  Retained Last Teacher: \_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain \_\_\_\_\_

### List schools attended by this student:

School	Grades	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this student ever been dismissed, suspended or expelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this student ever been identified with a behavioral or academic challenge? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student require academic modifications or accommodations ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this student have any limitations or handicaps? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any unusual factors in this child's life?  
(Custody issues, death in the family, multiple residences, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does this student receive regular medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason(s) for medication(s) \_\_\_\_\_

\_\_\_\_\_

Please list any other information which you feel would be helpful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CHURCH INFORMATION**

Denominational preference \_\_\_\_\_

Current Church \_\_\_\_\_  
Name Address

Pastor's Name \_\_\_\_\_

<b>Attendance Patterns</b>	Regular	Occasional	None
Father/Legal Guardian	_____	_____	_____
Mother/Legal Guardian	_____	_____	_____
This Student	_____	_____	_____

What do you want your student taught about God? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give a statement as to your personal experience and faith in Jesus. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please state your primary reasons for desiring to send your student to LCS. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you introduced to LCS?

\_\_\_ Attend church here at Arbor Road \_\_\_ Friend \_\_\_\_\_  
(formerly IBL)

\_\_\_ Website \_\_\_ Advertisement - what publication? \_\_\_\_\_

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