

5336 Arbor Road, Long Beach, Ca 90808 (562) 425-3358 admissions@lcsbears.org

APPLICATION FOR ADMITTANCE (Please complete in full)

Attach recent photo here	Students Name Birth Date	First	Middle Initial	 Last Sex	
	Birthplace:				
 I agree to support the positive in a support that I has a support that I has a student's class as a support the positive in a student's class as a support that I has a student's class as a support that I has a student's class as a support that I has a student's class as a support that I has a student's class as a support that I has a student's class as a support that I has a support that I have a support	ot refundable cted in regular, prompt tuition colicies of the school as outlined ave read the Parent-Student Hasignment is the responsibility of the school shall has ed upon prior citizenship, acad	d in the Pare andbook Onl of the school ave full discr	ine (please check the administrator. etion of the discipline	circle) of my child.	
Signature of parent or Guardian			Date		
	OFFICE USE	ONLY			
Date Application Received		Report Cards			
Date Registration Fee Paid		Birth Certificate			
Date Test Fee Paid		Immunization Record			

FAMILY INFORMATION STUDENT RESIDES WITH: Both Parents Mother Mother/Stepfather Father Father/Stepmother Other FATHER OR LEGAL GUARDIAN'S NAME _____ Home Address _____ Street City Zip Occupation _____ Place of Employment Business Address E-Mail Address _____ MOTHER OR LEGAL GUARDIAN'S NAME ______ Home Address _____ Street City Zip Occupation ____ Place of Employment _____ Business Address Home Phone (_______ Business Phone (_______ -____ E-Mail Address **BROTHERS AND SISTERS (Please list below)** School Presently Attending Name Age Other family members living in this household

BACKGROUND INFORMATION School Last Attended _____ Address Street City Zip GRADE _____ PassedRetained Last Teacher: Has this child ever repeated a grade No Yes If so, please explain _____ List schools attended by the child School Grades Years Has the child 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 Yes Does the child have any limitations or handicaps? No Are there any unusual factors in this child's life? Yes No If yes please explain: Does the child receive regular medication? _____Yes ____ No Reason(s) for medication(s) Please list any other information which you feel would be helpful:

CHURCH INFORMATION				
Denominational Preference				
Current Church				
Name		Address		
Pastors Name				
Attendance Patterns	Regular	Occasional	None	
Father/Legal Guardian				
Mother/Legal Guardian				
This Child				
What do you want your child taugh	nt about God?			
Please give a statement as to yo	our personal exp	erience and faith in	Jesus:	
Please state your primary reaso	ons for desiring to	send your student	to LCS?	
How were you introduced to LakAttend Church at Arbor R	oad .	Website		
Friend: Name		Other: List		