

For office use only.

Reg. Date: \_\_\_\_\_  
Reg. Fee: \_\_\_\_\_  
Check or Receipt # \_\_\_\_\_  
Start Date: \_\_\_\_\_

# LAKWOOD PARK CHRISTIAN SCHOOL

5555 COUNTY ROAD 29 SOUTH AUBURN, IN 46706  
PHONE (260)-925-1393 FAX (260)-925-5010

Applying for  
Grade:

# A

**Student's Full Legal Name:** \_\_\_\_\_ **Gender: M or F**

First Middle Last

**Ethnicity** (for multi-racial, please v all that apply):  **White** (not of Hispanic origin)  **African American**  **Hispanic**  **Multi-racial**  
 **Asian or Pacific Islander**  **American Indian**

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone/Pager ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer** \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Widowed  Remarried  Unmarried  Other \_\_\_\_\_  
**Marital Status:**  Married  Divorced  Separated  Widowed  Remarried  Unmarried  Other \_\_\_\_\_

Name of current spouse: \_\_\_\_\_ Name of current spouse: \_\_\_\_\_

**Others living in your household:**

**Others living in your household:**

| Name  | Relationship | Age   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

| Name  | Relationship | Age   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

\_\_\_\_\_ will be responsible for paying all bills and agrees to billing procedures outlined on the back of the tuition schedule.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Registration fees are non-refundable unless the applicant is rejected or there is no opening for the student in which case half of the fee will be returned.

How did you hear about Lakewood Park?

Early Learning Center  Church  Invitation to Open House  Direct Mailing (postcard)  
 Newspaper  Radio  School Family  Other: \_\_\_\_\_

If a Lakewood family referred you please indicate their first/last name \_\_\_\_\_

**Mission Statement**

*We promote a biblical worldview as the foundation for educational excellence in partnership with the Christian home and church.*

**Vision Statement**

*Our students view life in light of the Truth and exercise their God-given design to engage their world for Christ.*

Student Prefers to be called \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthplace \_\_\_\_\_ Student resides with \_\_\_\_\_

**Previous School Information**

Last Grade Completed \_\_\_\_\_ Last School Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_

Has student ever been retained? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

Has the student ever been suspended or expelled? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

Recent grades have been:  Above Average (A-B)  Average (B-C)  Below Average (D-F)

Has applicant any history of, or been evaluated for, learning difficulties, ADHD, or other conditions which may require professional attention at Lakewood Park Christian School?  No  Yes

Please explain \_\_\_\_\_

\_\_\_\_\_

Why are you seeking Christian education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Our school is an accredited member of the Association of Christian Schools International.



Lakewood Park Christian School does not discriminate on the basis of race, color, gender, or ethnic origin in its educational policies, admission policies, or any other school-administered program. Students are placed in the grade level which best meets his/her individual needs as determined by Lakewood Park Christian School. This is determined by placement testing, along with teacher and principal evaluations.