School Year ___/___ Grade _____

School District _____

Office Use Only

Bus Co./Phone _____

_____

Reg. _____

Books/Supplies _____

Tuition _____

W H B A AI

LEONARD E. BURKET CHRISTIAN SCHOOL

APPLICATION FOR ENROLLMENT

Student Name _____ DOB _____ M___ F___

Address _____

Mother's Name _____ Place of Employment _____

Address _____

(if different from student)

Telephone home _____ work _____ cell _____

Father's Name _____ Place of Employment _____

Address _____

(if different from student)

Telephone home _____ work _____ cell _____

email address _____

Emergency Contact Information (if parent or guardian is not available)

Name _____ Phone _____ Relation to Student _____

Name _____ Phone _____ Relation to Student _____

Doctor's Name _____ Phone _____

Is there any medical information about your child we need to know (e.g. food allergies, medication, medical condition like asthma, etc.)? _____

Previous School _____ Phone _____

If private, have all financial requirements been met? yes ___ no ___

Church Your Family Attends _____ Phone _____

In what church programs is your child involved? (e.g. youth, choir, Royal Rangers, etc.)

_____ Pastor _____

How did you hear about LEBCS? _____

Why do you want your child to attend LEBCS? _____

_____

Have you read our Student Handbook? yes ___ no ___

Do you understand and are you in agreement with the policies of the Leonard E. Burket Christian School as stated in the Student Handbook? yes ___ no ___

If you answered "no" please indicate the policy you do not understand or with which you do not agree.

_____

(OVER)