

Office Use Only  
Registration \_\_\_\_\_  
Books/Supplies \_\_\_\_\_  
Tuition \_\_\_\_\_  
W H B A A I

School Year \_\_\_/\_\_\_  
Grade \_\_\_\_\_  
District \_\_\_\_\_

**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 \_\_\_\_\_

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

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; \*required\*)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Is there any medical information we need to know (allergies, medication, medical conditions etc.)?**

\_\_\_\_\_

Previous School \_\_\_\_\_ Phone \_\_\_\_\_

If private, have all financial responsibilities 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.

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**Special Services your child receives (if any)**

Resource Room  Physical Therapy  Speech  Occupational Therapy  Other \_\_\_\_\_

The following forms and information must be made available to LEBCS **before** students begin school:

- copy of birth certificate
- up-to-date immunization record
- current physical
- academic records if student is transferring from another school

*\*Students enrolling for the first time may be required to take a placement exam.*

**Financial Information**

-If a student is transferring from another private school, all financial responsibilities at that school must be satisfied before registration at LEBCS will be approved.

-The registration fee, book and supply fee, and first month's tuition must be paid before school starts.

-Subsequent monthly tuition payments are due on the 1<sup>st</sup> of the month beginning in August and ending in May. A late fee of \$20 is assessed if tuition is not received by the 10<sup>th</sup> of the month. If tuition and fees are not paid by the end of any month, students will not be permitted to return to school the following month.

-The registration fee is **non-refundable**.

-The book and supply fee is **non-refundable** once the school year begins.

-A full month's tuition is due for any part of a month in which a student attends LEBCS.

**The parent(s) or guardian who will be responsible for making tuition payments must sign below.**

I have read and agree with the policies of the Leonard E. Burket Christian School. I also understand my financial obligation to the school and agree to make payments on time and in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If this application is for a student in grades 7 to 12, the student must also sign below.**

I have read and agree with the policies of the Leonard E. Burket Christian School as stated in the Student Handbook. I am enrolling in the school voluntarily and will abide by its policies, academically and behaviorally. I understand that any infraction of school policy may result in my enrollment being terminated.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_