



**LAKECREST**  
Student Application Form

Student's Surname: \_\_\_\_\_ Given names \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth: Day \_\_\_ Month \_\_\_ Year \_\_\_\_ Entrance sought for Grade \_\_\_ Starting year \_\_\_\_

<b>Mother / Guardian</b>  Name: _____  Home Address: _____  Postal Code _____  Telephone: Home: _____  Business _____  _____ email address: _____	<b>Father / Guardian</b>  Name: _____  Home Address: _____  Postal Code _____  Telephone: Home: _____  Business _____  _____ email address: _____
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**Name and Phone Number of the school your child presently attends: (not applicable to Kindergarten Applications).**

\_\_\_\_\_

Accounts should be sent to: \_\_\_\_\_

Family: Brothers and Sisters in order of birth:

Name	Age	Grade
_____	_____	_____
_____	_____	_____

Describe any special needs (learning, health, etc.) that you child may have:

\_\_\_\_\_

*The \$250 non-refundable application fee can be brought in or mailed at your earliest convenience.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian