



Lakecrest Independent School
Student Application Form

Student Name: _____

Date of Birth: ____ / ____ / ____ (D/M/Y) **Gender:** _____

Entrance Sought for Grade: _____ **Starting Year:** _____

Mother / Guardian

Name: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Email: _____

Father / Guardian

Name: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Email: _____

Name of your Child's Current School: _____

Phone Number of your Child's Current School: _____

(N/A for Kindergarten Applications)

Please describe any special needs (health, learning) that your child may have:

List any siblings and their current age/grade: _____

Yes. My child's tuition is being paid directly, or reimbursed, by employer.

Please send invoice to: _____

A \$250 non-refundable fee must accompany all applications and can be mailed to the school or dropped off at your earliest convenience.

Date: _____ **Signature of Parent/Guardian:** _____