



Lakecrest Independent School

Student Application Form

Student Name:

Date of Birth: / / (D/M/Y) Gender:

Entrance Sought for Grade: Starting Year:

Guardian 1

Name:

Address:

Phone (Home):

Phone (Work):

Email:

Guardian 2

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: _____