



**SCHOOL  
OF CHOICE**

# Lakecrest Independent School

## Student Application Form

Student Name:

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

Gender:

Entrance Sought for Grade:

Starting Year:

### Guardian 1

### Guardian 2

Name:

Name:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Email:

Email:

Phone Number of your Child's Current School:

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:

*If you were referred by a current Lakecrest parent and would like to participate in our Pilot Parent Referral Program, please enter the name of the referring parent:*

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 Guardian: \_\_\_\_\_