

# Lakeview Baptist Academy

830 Shumacola Trail – Tupelo, MS 38801

## Student Application

Office Use Only									
Application Rec'd (date)	_____								
Accepted	_____								
Registration Fee Paid	_____								
1	2	3	4	5	6	7	8	9	10

### Please Print

Applying for grade \_\_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ school year Date \_\_\_\_\_

### Student Information

Student's Full Legal Name \_\_\_\_\_

Name Used \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Student lives with:  Father  Mother  Stepfather  Stepmother  Other \_\_\_\_\_

School last attended \_\_\_\_\_

Address of school \_\_\_\_\_

Name of teacher \_\_\_\_\_

### Family Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Separated  Single

### Emergency Contact (Other than Parents)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Parent Questionnaire**

What prompted you to apply for enrollment in Lakeview Baptist Academy? \_\_\_\_\_

How did you hear about Lakeview Baptist Academy? \_\_\_\_\_

Do you know any students who are currently attending Lakeview Baptist Academy? \_\_\_\_\_

What is the main goal you wish to accomplish for your child by enrollment in Lakeview Baptist Academy? \_\_\_\_\_

**Church Affiliation**

Name of Church \_\_\_\_\_

Church Address \_\_\_\_\_ Church Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Youth Pastor's Name \_\_\_\_\_

Do you regularly attend services (at least two services weekly)?  yes  no

Are you members?  yes  no How long have you been attending this church? \_\_\_\_\_

Has your child made a profession of faith in Christ?  yes  no

**General Student Information**

Has the student:

- |   |           |          |
|---|-----------|----------|
| 1. Had scholastic difficulties in school?                             | Yes _____ | No _____ |
| 2. Had any grades below a C on last report card?                      | Yes _____ | No _____ |
| 3. Been retained? (If yes, which grade level? _____)                  | Yes _____ | No _____ |
| 4. Received tutoring, participated in LD or Special Ed classes        | Yes _____ | No _____ |
| 5. Ever had speech therapy?   | Yes _____ | No _____ |
| 6. Taken medication for learning and/or behavioral purposes?          | Yes _____ | No _____ |
| 7. Been identified as gifted and/or talented?                         | Yes _____ | No _____ |
| 8. Been diagnosed as having a physical handicap?                      | Yes _____ | No _____ |
| 9. Been diagnosed as having emotional difficulties?                   | Yes _____ | No _____ |
| 10. Had disciplinary difficulty in school?                            | Yes _____ | No _____ |
| 11. Been dismissed or suspended from school for disciplinary reasons? | Yes _____ | No _____ |
| 12. Been in any trouble with civil authorities?                       | Yes _____ | No _____ |

Please explain any questions answered "yes" \_\_\_\_\_

References \_\_\_\_\_

**Person(s) responsible for payment of tuition** \_\_\_\_\_

I certify that this application is correct. I agree to faithfully meet my obligations to the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_