

1050 E Newport Road Lititz, PA 17543
 717-626-9551 Fax: 717-626-0430



jsamara@lams.info
www.lams.info

STUDENT APPLICATION FORM

K-8th grade

Is the student:

- Entering Kindergarten
 - Entering 1st-8th Grade _____
- A non-refundable registration fee of \$ 100 per child must accompany this application.

OFFICE USE ONLY

Date Received _____
 Amount Paid _____
 Check # _____

STUDENT INFORMATION

Last, First, Middle Name

Date of Birth: _____ Age: _____

- Male Female

Social Security Number

Place of Birth

Birth Certificate Number *(A copy is also required.)*

School District

County & Township

Street Address

Home Phone

City State Zip

Student lives with:

- Both Parents Father Mother
- Guardian: _____

Parent/Guardian Names:

PURPOSE OF ENROLLMENT

Why are you considering LAMS? _____

Please rank #1- #5 the following reasons for enrollment, #1 being the most important.

_____ Christian Emphasis _____ Quality Academics _____ Safety _____ Location
 _____ Schedule _____ Faculty Qualifications Other _____

How did you hear about LAMS?

_____ LAMS website _____ LAMS sign _____ WDAC _____ WJTL _____ Newspaper
 _____ Friend/Family _____ I'm an alumnus _____ Church _____ Other:

Are you applying for admission of all your children of school age? If not, state reason:

STUDENT PROFILE

List schools the student has attended in the past:

Grades Attended

Answer Yes or No to the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| Has student repeated a grade | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Received tutoring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participated in a special learning program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participated in a talented and gifted program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced learning difficulties in Reading? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced learning difficulties in Mathematics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced discipline problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever been suspended from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please comment about any of your responses:

Student's Educational Maturity:

Student's Social Maturity and Personality:

How does the student feel about attending LAMS:

What special interests or abilities does this child have (physical, intellectual, artistic, musical, social, hobbies, etc.)?

From your experience or observations, does this child have any of the following concerns that his teachers should be informed about? (physical?, emotional?, learning disabilities?, personal habits?)

Is your child on any special medications? (Please list medications and reasons needed)

KINDERGARTEN ENROLLMENT

Complete this section only if you are enrolling a kindergarten student.

Has your child attended a preschool or Pre-k? Yes No

If so, supply the following information:

Preschool/Pre-k	Teacher
Address	Phone Number

Does LAMS have your permission to contact your child's preschool to discuss readiness?

Yes No

Does your child attend Sunday School independently and with ease?

Yes No

Options (select your preference although not a guaranteed):

_____ KA - Monday, Wednesday, Thursday

_____ KB - Tuesday, Wednesday, Friday

Comments on KA/KB Preference: