

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



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STUDENT APPLICATION FORM
 PRE-KINDERGARTEN

Please number 1-3 in order of preference: ____ Two half days (Tues./Thurs.) 9:00-12:00 noon ____ Three half days (Mon./Wed./Fri.) 9:00-12:00 noon ____ Three half days (Mon./Tues./Thurs.) 9:00-12:00 noon <i>A non-refundable registration fee of \$ 35 per child must accompany this application.</i>	OFFICE USE ONLY Date Received _____ Amount Paid _____ Check # _____
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STUDENT INFORMATION

Last, First, Middle Name	Date of Birth: _____ Age: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number	Place of Birth	
Birth Certificate Number <i>(A copy is also required.)</i>	School District	County & Township
Street Address	Home Phone	
City State Zip	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian: _____	

Parent/Guardian Names: _____

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?)

Please provide any other information which might be helpful for your child's teacher:

CHURCH INVOLVEMENT

LAMS Admissions Policy states that parents shall hold membership and be actively involved in a church congregation.

Name of your church fellowship	Pastor's Name
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What church activities are you actively involved?

What is your understanding of the authority of Scripture?

Why do you wish to enroll your child(ren) in a Christian school?

PARENT/GUARDIAN INFORMATION

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Father/Male Guardian	Mother/Female Guardian
Name	Name
Address	Address <input type="checkbox"/> Same as Male
Phone Number	Phone Number <input type="checkbox"/> Same as Male
Cell Number	Cell Number <input type="checkbox"/> Same as Male
Email Address	Email Address <input type="checkbox"/> Same as Male
Occupation	Occupation
Employer	Employer
Education High School _____ years College _____ years	Education High School _____ years College _____ years
My signature attests that I have personally received Christ as my Savior: _____	My signature attests that I have personally received Christ as my Savior: _____

FAMILY INFORMATION

Names of child's brothers and sisters	Birthdate

GRANDPARENTS

Maternal Grandparents	Paternal Grandparents
Address	Address

PURPOSE OF ENROLLMENT

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/drive by
 WDAC
 WJTL
 Newspaper
 Friend/Family
 I'm an alumnus
 Church
 Other: _____

How interested are you to continue into LAMS kindergarten?

Strongly Interested
 Interested
 Neutral
 Not at all Interested

_____ Signature of Parent/Guardian	_____ Date
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