

**Lakewood Presbyterian School
7020 Gaston Ave
Dallas TX 75214
214-321-2864**

Application for Enrollment

Date of Application _____ **How did you hear about us?** _____

Student's Name _____ **SSN(optional)** _____

Student's Birthdate _____ **Current Age** _____

Desired Grade Level _____ **Grade Level Assigned** _____

Parents' Names _____

Home Address _____

City _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Mom's Cell _____ **Dad's Cell** _____

E-Mail Address _____

Emergency Contact _____ **Phone** _____

Relationship to Student _____

If the student is not living with both parents, please describe the circumstances:

Church Membership _____

Pastor's Name _____

Please list the grades in which the student attended public, private, or home school:

Why do you desire to have your student enrolled in this school?

What do you consider to be the student's academic strengths?

What do you consider to be the student's academic weaknesses?

State any medical or emotional conditions of the student that you want us to know.

Please read the following and indicate you assent by the signature of both parents (as applicable).

I have carefully read the description of the Lakewood Presbyterian School and seek the education offered for my child. I understand that the school is not accredited by the state of Texas or any other agency and does not intend to seek accreditation. While the school will maintain and forward records of academic progress for grades 9 through 12, it makes no claim that any other school or college will accept such credits. I further understand that this document is an application for enrollment and that its submission does not ensure the acceptance of my child by the school.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____