



# LIGHT AND LIFE CHRISTIAN SCHOOL

14019 SAYRE STREET, SYLMAR, CA 91342

(818) 982-9497 FAX (818) 899-1295

WEBSITE: [WWW.LIGHTANDLIFE.SYLMAR.ORG](http://WWW.LIGHTANDLIFE.SYLMAR.ORG)

E-MAIL: [LIGHTLIFESCHOOL@YAHOO.COM](mailto:LIGHTLIFESCHOOL@YAHOO.COM)



## APPLICATION FOR ADMISSION 2005-2006

Today's Date \_\_\_/\_\_\_/\_\_\_

Grade Entering \_\_\_\_\_

M  F

### STUDENT INFORMATION

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

(Last)

(First)

(Middle)

Nick Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (If Different From Above) \_\_\_\_\_ Driver's License # \_\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

(Street)

(City)

(Zip)

Business Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (If Different From Above) \_\_\_\_\_ Driver's License # \_\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

(Street)

(City)

(Zip)

Business Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Pupil Lives With: Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Grandparents \_\_\_\_\_ Guardian \_\_\_\_\_

Siblings: Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_ At Home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

**CHURCH AFFILIATION**

None

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

Member  Yes  No Attendance  Regular  Sometimes  Seldom

**SCHOOL INFORMATION AND BACKGROUND**

List the last 2 schools attended. Please start with the most recent or currently enrolled school.

| School | Address | Grades Attended | Reason for Leaving |
|--------|---------|-----------------|--------------------|
| _____  | _____   | _____           | _____              |
| _____  | _____   | _____           | _____              |

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does the student have any physical limitations or handicaps? \_\_\_\_\_ If so, please explain:

Has the student had any academic difficulties in school? \_\_\_\_\_ If so, please explain:

Is the student on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

What are the student's interests and hobbies? \_\_\_\_\_

**EMERGENCY INFORMATION**

List four persons to contact if you cannot be reached: **(Local Numbers Only)**

1. \_\_\_\_\_ ( ) \_\_\_\_\_ 2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone # Phone #

3. \_\_\_\_\_ ( ) \_\_\_\_\_ 4. \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone # Phone #

**ENROLLMENT FEE & ALL FORMS NEED TO BE TURNED IN BEFORE YOU ARE ALLOWED TO REGISTER YOUR CHILD.**

*Light and Life Christian School* admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship loan programs, and athletic and other school administered programs.

