



FOR OFFICE USE ONLY	
Letter of Acc. <input type="checkbox"/>	Parent Coop. <input type="checkbox"/>
Letter of Rej. <input type="checkbox"/>	Reg. Fee <input type="checkbox"/>
Interview <input type="checkbox"/>	Book Fee <input type="checkbox"/>
Testing <input type="checkbox"/>	

200 - 24th Street
LaSalle, IL

www.lpchristian.org

Phone: 815-223-1037
Fax: 815-223-1334

APPLICATION FOR ADMISSION

(Please print)

GENERAL INFORMATION

Name of Student _____
LAST FIRST MIDDLE NAME

Address _____
STREET CITY STATE ZIP

Age _____ Birth Date _____ Place of Birth _____ Sex _____

Home Phone # _____ Desired Date of Enrollment _____

Grade _____ First year of enrollment at LaSalle Peru Christian School: YES NO

With whom is the student living? Parents Father Mother Other _____

Father's Full Name _____

Father's Employment _____ Employment Phone # _____

Mother's Full Name _____

Mother's Employment _____ Employment Phone # _____

Cell Phone # _____ (please indicate mother's or father's)

Phone number to be reached at during school hours (please indicate work, home, or cell):

Father _____ Mother _____

E-mail Address: _____

Name of your church _____ Phone # _____

Your Pastor's name: _____

Names and ages of other children in this family including preschool children:
 (Please Note: We would like this information regardless of where the child is attending school)

<u>Name</u>	<u>Age</u>	<u>School attending</u>

STUDENT'S PERSONAL INFORMATION

Please complete the following information regarding the schools the student has attended:

<u>Name of school</u>	<u>Address</u>	<u>Dates attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician _____ Phone # _____

Does the student take any medication? YES NO
Please explain _____

Has this student ever had disciplinary difficulties in school? YES NO
Please explain: _____

Has this student ever been expelled or suspended from school? YES NO
Please explain: _____

Has this student ever been in trouble with the law, arrested, etc.? YES NO
Please explain: _____

Has this student ever used tobacco, alcohol, or illegal drugs? YES NO
Please explain: _____

Please tell why admission to LaSalle-Peru Christian School is desired:

Father's Signature _____ Date _____

Mother's Signature _____ Date _____