



LAKOTA CHRISTIAN SCHOOL

7000 Summerhill Dr., West Chester, OH 45069
513-779-4316

Application for Enrollment

(Please print)

Student's Name _____ Birthdate _____ Sex _____

Student's Address _____ Phone _____

Names/Ages of Siblings _____

Does applicant know Jesus Christ as Savior? _____ If so, please give a brief testimony (to be answered by applicant only) _____

Name, address and phone of church where student is active member _____

Pastor's Name _____

Name, address, and phone of school previously attended _____

Do you have any outstanding fees at your former school? _____

How did you hear about our school? _____

Father/Guardian

Name _____ Daytime Phone _____

Address (if different from student's) _____

Place of Employment _____ Occupation _____

Does father know Jesus Christ as Savior? _____ If so, please give a brief testimony: _____

Church Membership _____

