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_____