



**LANCASTER
MENNONITE
SCHOOL**

Website:
www.lancastermennonite.org

Kraybill Campus (PreK-8)
598 Kraybill Church Road
Mount Joy, PA 17552
Phone: (717) 653-5236
Fax: (717) 653-7334

**Lancaster Campus
(Grades 6-12)**
2176 Lincoln Highway East
Lancaster, PA 17602
Phone: (717) 299-0436
Fax: (717) 299-0823

**Locust Grove Campus
(PreK-8)**
2257 Old Philadelphia Pike
Lancaster, PA 17602
Phone: (717) 394-7107
Fax: (717) 394-4944

**New Danville Campus
(PreK-6)**
393 Long Lane
Lancaster, PA 17603
Phone: (717) 872-2506
Fax: (717) 872-5201

**FOR SCHOOL USE
ONLY**

Application completed _____

Deposit received _____

Application
accepted/denied _____

Application for Admission

Family is:
 New to LMS
 Returning to LMS
 Current school family

Please provide the following with this application:

1. \$100 application fee.
2. Copy of the student's most recent report card (K-8) or official transcript (9-12) and any achievement tests (K-8 only). Other academic records may be requested.
3. Copy of the student's immunization records.

When the above is received, parents and student may be called for an interview.

STUDENT INFORMATION

Student is:
 First time applicant
 Former LMS student
 Previous applicant

Date _____

Name _____
(LAST) (FIRST) (MIDDLE)

Home Address _____
(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Home Phone (_____) _____ Student E-mail _____

Current Grade _____ What grade is the student applying for? _____

If grades PreK to 5, preferred campus: Kraybill Locust Grove New Danville

Please use campus-specific insert for PreK and Kindergarten options.

If grades 6 to 8, preferred campus: Kraybill Lancaster Locust Grove

Birthdate _____ Age _____ Gender _____
(MONTH) (DAY) (YEAR)

Ethnic Background: African American Hispanic White/Caucasian
(please choose one) Asian/Pacific Islander Native American Other _____

School District of Residence _____

Current School _____
(NAME)

(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Phone (_____) _____ Fax (_____) _____

Dates attended _____

Student's **high school** co-curricular interests (check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Chess | <input type="checkbox"/> Drama | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Band/Orchestra | <input type="checkbox"/> Choir | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Creative Worship | <input type="checkbox"/> FFA/Agriculture | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Volleyball | |

ATTACH
PHOTO
HERE
(OPTIONAL)

Has the student ever been recommended for special education, diagnosed with a learning difference, or had behavioral difficulties in school?

Yes No If yes, briefly describe _____

If student has IEP, please include IEP and Educational Psychological Evaluation.

FAMILY BACKGROUND

First Parent/Guardian _____
(LAST) (FIRST) (MIDDLE)

Relationship _____ If LMS graduate, year of graduation _____

E-mail _____ Cell Phone (____) _____

Occupation/Position _____

Employer _____ Work Phone (____) _____

Second Parent/Guardian _____
(LAST) (FIRST) (MIDDLE)

Relationship _____ If LMS graduate, year of graduation _____

E-mail _____ Cell Phone (____) _____

Occupation/Position _____

Employer _____ Work Phone (____) _____

Marital status of student's parents: Married Separated
 Widowed Single Divorced

Student resides with: Parents Mother Father Other

Non-custodial parent if not listed above (optional): Mother Father

Name _____
(LAST) (FIRST) (MIDDLE)

Spouse (if applicable) _____

Address _____
(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Home Phone (____) _____ E-mail _____

Work Phone (____) _____

Information the non-custodial parent should receive:

School news Report card/Academic progress report
 Other _____

Is this parent helping with tuition? Yes No

If yes, please explain _____



FAMILY BACKGROUND (continued)

List the names and grades of student's brothers and sisters:

<i>Name</i>	<i>Grade in School</i>	<i>School Attending</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list student's grandparents:

	NAME	IF LMS GRADUATE, YEAR OF GRADUATION
Paternal Grandfather	_____	_____
Paternal Grandmother	_____	_____
Maternal Grandfather	_____	_____
Maternal Grandmother	_____	_____

CHRISTIAN LIFE

LMS partners with congregations and families.

Church Name _____

Denomination _____

How long have you been attending this church? _____

Pastor's Name _____

Pastor's Phone (_____) _____

Church or Pastor's Address _____

(STREET OR P.O. BOX)

(CITY)

(STATE)

(ZIP)

FOR RESPONSE BY PARENTS

Why are you choosing Lancaster Mennonite for your child?

FOR RESPONSE BY STUDENTS (grades 9-12)

Why are you choosing Lancaster Mennonite?





**LANCASTER
MENNONITE
SCHOOL**

Website:
www.lancastermennonite.org

Kraybill Campus (PreK-8)
598 Kraybill Church Road
Mount Joy, PA 17552
Phone: (717) 653-5236
Fax: (717) 653-7334

**Lancaster Campus
(Grades 6-12)**
2176 Lincoln Highway East
Lancaster, PA 17602
Phone: (717) 299-0436
Fax: (717) 299-0823

**Locust Grove Campus
(PreK-8)**
2257 Old Philadelphia Pike
Lancaster, PA 17602
Phone: (717) 394-7107
Fax: (717) 394-4944

**New Danville Campus
(PreK-6)**
393 Long Lane
Lancaster, PA 17603
Phone: (717) 872-2506
Fax: (717) 872-5201

Lancaster Mennonite
School welcomes students
without regard to gender,
race, nationality, or ethnic
origin.

REQUESTS FOR TEXTBOOKS AND MATERIALS

(to be completed by parents/guardians of Pennsylvania residents only)

Pennsylvania provides textbooks and certain instructional materials to students in private schools. Parents, guardians, or persons in loco parentis shall request the loan of such materials for their child(ren)'s use by placing a check in the box below.

I hereby request the loan of instructional materials and textbooks in accordance with Act 90 of 1975 and Act 195 of 1972 for my child attending Lancaster Mennonite School.

PERMISSION TO USE STUDENT NAME OR PHOTO

I give permission to use (check one) **student's name and photo**, **name only**, **photo only** in media and news releases produced by Lancaster Mennonite School.

PARENT/STUDENT COVENANT WITH LMS

We understand that being a part of LMS is a privilege and responsibility. We covenant with the school to:

1. Consider the school community to be a group of persons led together by God. This realization will affect the way we treat others and the way we open ourselves to learn from them.
2. Help to make LMS a better place because we are part of the school community.
3. Share the responsibility for learning and decision making.
4. Be supportive of the school's standards and disciplinary procedures. We recognize the right of the school to dismiss any student or dissolve the relationship with any parent who does not cooperate satisfactorily or remain supportive of the school, its standards, and its disciplinary procedures.
5. Be open to growing academically, physically, socially, emotionally, and spiritually, as church, school and home partner together. We understand that, as part of the partnership, the school may at times confer with our pastor.
6. Support the school with finances and prayer.
7. Take advantage of appropriate channels for dialogue.

APPLICATION SIGNATURES

Signature of Father or Guardian _____

Signature of Mother or Guardian _____

Signature of Student (grades 6-12) _____

Date _____