



# LANCASTER MENNONITE SCHOOL

## Application for Admission

### FOR SCHOOL USE ONLY:

Application Received: \_\_\_\_\_

Application Completed: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_

### Family is:

- New to LM
- Returning to LM
- Current LM Family

### Student is:

- First-time Applicant
- Former LM Student
- Previous Applicant

**Please provide the following with this application.** Once all requested items have been received, parents and the student will be called for an interview.

- \$150 **application fee**
- **Academic grade reports** for current and previous school year for students applying for grades 1-12 (transcript if applying for grades 10-12)
- Most recent **achievement test results**, if available
- Copy of **immunization records**
- **Teacher recommendation** (*grade 6-12 applicants*)
- If applicable: Education Evaluation, IEP, 504 Plan, or any other academic information

## STUDENT INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade Applying: \_\_\_\_\_  
(Month) (Day) (Year)

### **PreK and Kindergarten applicants only:**

#### PreK/Kindergarten Days:

- \_\_\_ 4 day enrollment
- \_\_\_ 5 day enrollment

**Kindergarten Class Preference:** \_\_\_ English track \_\_\_ Spanish Immersion track

*Note: class placement will be determined after Kindergarten Readiness testing*

#### PreK:

LM participates in the Pennsylvania PreK Counts program to aid students whose family income is at or below 300% of the federal income poverty level. Priority is given to students with additional risk factors. **Families applying for this grant must complete a separate PreK Counts enrollment form along with the LM application.** Parents applying for PreK Counts should not pay the registration fee. Parents will be notified by May if their child has been awarded a PreK Counts grant. PreK Counts is dependent on state funding. Students awarded a PreK Counts space are required to attend full time (5 days).

Are you applying for PreK Counts? \_\_\_ Yes \_\_\_ No

### Racial Ethnic Background (for Federal statistical reporting purposes only):

Hispanic: \_\_\_ Yes \_\_\_ No

- Asian
- Black/African American
- Native American
- Pacific Islander
- White/Caucasian
- Two or more races
- Prefer not to answer

**School District of Residence:** \_\_\_\_\_

- If the school district provides busing, will you be requesting public school transportation?  Yes  No

Current School: \_\_\_\_\_  
(Name) (Street Address) (City) (State) (Zip)

Current School Telephone: \_\_\_\_\_ Current School Fax: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**High school applicants only** co-curricular interests (check all that apply):

- |                                                             |                                        |                                          |                                        |
|-------------------------------------------------------------|----------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Art                                | <input type="checkbox"/> Chess         | <input type="checkbox"/> Field Hockey    | <input type="checkbox"/> Soccer        |
| <input type="checkbox"/> Baseball/Softball                  | <input type="checkbox"/> Choir         | <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"/> Bowling                            | <input type="checkbox"/> Drama         | <input type="checkbox"/> Lacrosse        | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Band/Orchestra (instrument: _____) |                                        | <input type="checkbox"/> Other:          |                                        |

**PARENT/GUARDIAN 1:**

Relationship:  Father  Mother  Other \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

Email: \_\_\_\_\_ LM Grad:  Yes  No If yes, grad year: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

**PARENT/GUARDIAN 2:**

Relationship:  Father  Mother  Other \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

Email: \_\_\_\_\_ LM Grad:  Yes  No If yes, grad year: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

**Marital Status of Parents:**  Married  Separated  Divorced  Widowed  Single  
 Other \_\_\_\_\_

**Student resides with:**  Both Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

If other than parent(s), please list the name, address, and contact information of the person with whom the student resides:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

Email: \_\_\_\_\_

Person responsible for tuition payment:  Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

Are you considering applying for Financial Aid at this time:  Yes  No

## OTHER FAMILY MEMBERS

Please list the names and grades of the student's siblings: (Please indicate LM graduation year for alumni)

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## EMERGENCY INFORMATION (other than parents)

The school always tries to reach parents first in case of emergencies, however, we request other contacts in case parents can't be reached.

### Emergency Contact 1:

Name: \_\_\_\_\_  
(First) (Last)

Relationship to Student: \_\_\_\_\_  
(i.e. grandparent, family friend, etc)

Preferred Phone: \_\_\_\_\_  
 Cell  Home  Work

Secondary Phone: \_\_\_\_\_  
 Cell  Home  Work

### Emergency Contact 2:

Name: \_\_\_\_\_  
(First) (Last)

Relationship to Student: \_\_\_\_\_  
(i.e. grandparent, family friend, etc)

Preferred Phone: \_\_\_\_\_  
 Cell  Home  Work

Secondary Phone: \_\_\_\_\_  
 Cell  Home  Work

### Emergency Contact 3:

Name: \_\_\_\_\_  
(First) (Last)

Relationship to Student: \_\_\_\_\_  
(i.e. grandparent, family friend, etc)

Preferred Phone: \_\_\_\_\_  
 Cell  Home  Work

Secondary Phone: \_\_\_\_\_  
 Cell  Home  Work

## ADDITIONAL CONTACTS

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

## Teacher reference for applicants entering 6<sup>th</sup> to 12<sup>th</sup> grade:

Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_

## SPECIAL HEALTH CONCERNS

Please mark any health conditions the student has or has had:

**Asthma?**  Yes  No Emergency inhaler needed at school?  Yes  No

**Seizures?**  Yes  No If yes, type? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

**Diabetes?**  Yes  No If yes,  Type 1  Type 2 Diet restrictions: \_\_\_\_\_

**Cardiac condition?**  Yes  No If yes, please explain: \_\_\_\_\_

**Gym restrictions?**  Yes  No If yes, please explain: \_\_\_\_\_

**Severe allergies?**  Yes  No  Peanuts  Tree Nuts  Milk  Shellfish  Other: \_\_\_\_\_

**Drug allergies?**  Yes  No If yes, please list: \_\_\_\_\_

**Other medical Conditions?**  Yes  No If yes, please list: \_\_\_\_\_

**Emotional concerns, depression, or anxiety?**  Yes  No  
If yes, please explain: \_\_\_\_\_

**Serious illness, injury, hospitalization or operation?**  Yes  No If yes, date: \_\_\_\_\_  
Describe: \_\_\_\_\_

**Still under treatment?**  Yes  No

**Restrictions on physical activity?**  Yes  No  
Describe: \_\_\_\_\_

## MEDICATIONS (taken at home or in school)

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Times: \_\_\_\_\_

Reason: \_\_\_\_\_

## OTHER DEVICES

Glasses  Contact lenses  Hearing aids  Ear tubes  Other: \_\_\_\_\_

The school nurse may prepare a confidential list of students with significant health concerns of which teachers and staff should be aware to protect the health and well-being of those students. By signing on this application form, the parents allow the nurse to share any health information he/she deems appropriate with the persons caring for the student. In the event that parents cannot be reached, consent is also given for emergency treatment for the student according to the judgment of the attending physician, nurse, and/or athletic trainer.

The undersigned consent to the release of immunization records, physical and/or dental exams from the office of the student's physician.

I agree:  Yes  No

In the event of an emergency, the school will attempt to contact the parents, guardians and emergency contact persons. If the school is unable to reach them, the undersigned authorizes the school to contact the physician listed above and follow his/her instructions. If the physician cannot be reached, the undersigned authorizes the school to make whatever arrangements it deems necessary for the health and safety of the child.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## LEARNING NEEDS/HISTORY

- Has your child been in gifted or accelerated classes?  Yes  No
- Has your child ever received tutoring or received assistance in a resource room?  Yes  No
- Has your child ever received accommodations or modifications in any subject at any time?  Yes  No
- Has your child ever been suspended or expelled from school?  Yes  No
- Does your child have, or has your child ever had an Evaluation Report (ER), an Individualized Education Plan (IEP), or a 504 plan completed on his/her behalf?  Yes  No
- Has it ever been suggested or has your child ever been referred for an educational or psychological evaluation?  Yes  No
- Has your child ever received Early Intervention Services?  Yes  No
- Do you have or have you ever had concerns with your child regarding anxiety, depression, or behavior?  Yes  No
- Has it ever been suggested or has your child ever been referred for emotional or behavioral support?  Yes  No
- Has your child ever been referred for or had a TSS (Therapeutic Support Staff) or BSC (Behavior Specialist Consultant)  Yes  No
- Does your child have a history of a chronic physical condition, emotional condition, or learning disability that has required professional attention or that may require special attention while attending Lancaster Mennonite?  Yes  No

**If any of the above answers are yes, please explain and provide copies of all reports. If the student has an IEP, please include both the IEP and ER (Educational Evaluation).**

---

---

---

---

## CHURCH BACKGROUND

Local Church Name: \_\_\_\_\_  None  Searching

Denomination (ie, Mennonite, Non-denominational, Baptist): \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Telephone: \_\_\_\_\_

Church/Pastor Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

## REASONS FOR CHOOSING LANCASTER MENNONITE SCHOOL

Parent Response: \_\_\_\_\_

\_\_\_\_\_

Student Response (to be completed by the student if entering grades 6-12): \_\_\_\_\_

\_\_\_\_\_

## REQUEST 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

LM often recognizes student achievements and activities in media such as the school magazine, website, news releases, brochures, etc. Your permission is required in order to have your student pictured and/or names along with his/her class, team or group in electronic and print media.

*I hereby give permission to use my child's picture and name in media and news releases produced by Lancaster Mennonite School as follows:*

Both picture & name  Picture only  Name only  No picture or name

## NON-DISCRIMINATION STATEMENT

LM admits students of any race, color, national and 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 and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

## PARENT/STUDENT COVENANT WITH THE SCHOOL

**We understand that being part of Lancaster Mennonite School is both a privilege and a responsibility. We partner with the school to:**

1. Support the mission of the school as it seeks to prepare students to follow in the way of Jesus, transform lives and change our world.
2. Honor the community, recognizing that all members are children of God.
3. Value and respect all people regardless of age, gender, race, ethnicity and nationality.
4. Be active participants in the educational process, striving for excellence in every aspect of campus life.
5. Uphold the policies and expectations of LM, recognizing the right of the school to dismiss any student or dissolve the relationship with any parent who does not cooperate with, or remain supportive of, the school and its disciplinary procedures.
6. Use appropriate channels for communication about issues of concern.
7. Fulfill our financial obligations in a timely manner.
8. Support the school through volunteerism, finances and prayer.

We further understand that Lancaster Mennonite School has the right to suspend or terminate the enrollment of a student for reasons set forth in Handbook, Code of Conduct or other published documents; for reasons that the Superintendent, within his or her discretion, considers to be detrimental to Lancaster Mennonite School, the student or to other students; or for failure to pay tuition and fees.

## SIGNATURES

*The following signatures affirm that the proceeding information in this application is true and correct, including the indicated responses to the Request for Textbooks and Materials, the Permission to Use Student Name or Photo and the Parent-Student Covenant with the School.*

Signature of Father or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_