



LOWCOUNTRY PREPARATORY

APPLICATION FOR ENROLLMENT

(All applicants must submit a \$40.00 application fee.)

Today's Date: _____

Applying for grade: _____

NAME OF APPLICANT: _____
(Last) (First) (Middle) (Preferred)

ADDRESS: _____

TELEPHONE: (____) _____ **COUNTY:** _____

DATE OF BIRTH: _____ **GENDER:** *M F* **SSN:** _____ - _____ - _____

Is this child a U.S. citizen? *YES NO*

FATHER'S NAME: _____
(Last) (First) (Middle)

ADDRESS (if different from applicant): _____

TELEPHONE: (____) _____ **E-MAIL ADDRESS:** _____

EMPLOYER & POSITION: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: (____) _____

MOTHER'S NAME: _____
(last) (First) (Middle)

ADDRESS (if different from applicant): _____

TELEPHONE: (____) _____ **E-MAIL ADDRESS:** _____

EMPLOYER & POSITION: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: (____) _____

FOR OFFICE USE ONLY

Date received _____
App. fee _____ # _____

GUARDIAN'S NAME: _____
(Last) (First) (Middle)

ADDRESS (if different from applicant): _____

TELEPHONE: (____) _____ E-MAIL ADDRESS: _____

EMPLOYER & POSITION: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: (____) _____

SIBLINGS:

Name	Age	Grade	School / College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you learn about Lowcountry Prep? _____

Referred by: _____

GRANDPARENT INFORMATION:

NAME(S): _____
(Last) (First) (Middle)

ADDRESS: _____

NAME(S): _____
(Last) (First) (Middle)

ADDRESS: _____

STUDENT HISTORY

NAME OF CURRENT / LAST SCHOOL ATTENDED: _____

SCHOOL SYSTEM: _____ TELEPHONE: (____) _____

ADDRESS: _____

NAME OF PRINCIPAL / HEADMASTER: _____

Has the student ever been tested for a learning difference? *YES NO*

Please explain and attach a copy of the evaluation. _____

Has the student ever consulted or been referred to a psychiatrist, psychologist, or psychiatric social worker for professional assistance or been confined to a hospital or referred to a clinic for social, emotional, or psychological concerns? *YES NO*

Please explain. _____

Is the student taking any medication on a regular basis? *YES NO*

Please specify. _____

Does the student have a physical health problem of which Lowcountry Preparatory should be aware? *YES NO*

Please specify. _____

Has the student been suspended or expelled from any school for academic, honor, disciplinary, or other reasons? *YES NO*

Please explain. _____

Has the student been arrested or detained by law officials for any reason? *YES NO*

PERSONAL INFORMATION

Please list any extra-curricular activities, student offices held, talents, and special honors received during the past three years.

What special interests or hobbies does the student have outside of school?

Does the student have any volunteer experiences in his or her place of worship or the community? Please describe these experiences.

Does the student have any work experience? If so, please give a brief description of jobs held, either during the school year or during the summer.

All applicants must submit a \$40 application fee. Checks are payable to Lowcountry Prep.

LOWCOUNTRY PREPARATORY SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE,
GENDER, NATIONAL OR ETHNIC ORIGIN IN THE ADMISSION OF STUDENTS.