



**Lebanon Christian Schools  
The Academy**

130 Cook Rd.  
Lebanon, OH 45036

513-228-0677  
academy@lebanonchristianschool.org

**Crusader Club Enrollment**

Student Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Last	First	M.I.	
Monday	Tuesday	Wednesday	Thursday	Friday
AM PM	AM PM	AM PM	AM PM	AM PM
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

AM = Drop off anytime after 6:30am      PM = Drop off anytime after 12:00pm

Please Answer The Following Questions

<p>Has your child been issued a 504 Plan or an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes - Please provide the 504 Plan or ETR, and IEP paperwork for admission review.</p> <p>Will your child be bussed to The Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes - Please list pick up time and bus # _____</p> <p>Will your child be bussed to school from The Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes - Please list pick up time and bus # _____</p> <p>Would you like to send your child on Snow Days? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Would you like to send your child on Holiday Breaks? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If Yes - Please provide the 504 Plan or ETR, and IEP paperwork for admission review.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If Yes - Please list pick up time and bus # _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If Yes - Please list pick up time and bus # _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Address: \_\_\_\_\_

City: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male:  Female:

## Parent Information

Father: \_\_\_\_\_

Address: \_\_\_\_\_

*City*

*State*

*Zip Code*

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

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

*City*

*State*

*Zip Code*

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

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Has the prospective student's parent/guardian/step-parent or or another member of the student's immediate family ever been charged with, convicted of, or pled guilty or no contest to a crime involving a child/minor, or are there any criminal charges of this nature now pending?

YES \_\_\_\_\_ NO \_\_\_\_\_

*\*\*If yes, please provide a separate letter of explanation\*\**

## Payment Information

Please indicate your form of payment:

Credit/Debit Card (All major cards accepted) **\*\*2.5 Service Charge\*\***

Bank Withdrawal (free)

By signing this application I understand that my tuition is due weekly and that I will receive a \$10/day late fee for all payments not paid on time,

## Parent/Guardian Signature

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\$50 Non-Refundable Enrollment Fee**  
**Make Checks Payable to: The Academy**

Paid: \_\_\_\_\_