

# Los Angeles Christian School

1620 W. 20th Street, Los Angeles, California 90007 (323) 735-2867

## APPLICATION FOR ADMISSION – 2021/2022

(Application due March 31, 2021)

A \$25 non-refundable fee is due with your application.

Checks must be written to “Los Angeles Christian School” or pay online.

(get the link on our website [www.losangeleschristianschool.org](http://www.losangeleschristianschool.org)).

### For Office Use Only

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

Payment  Receipt #: \_\_\_\_\_

Statement of Faith

Reference forms

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

Test Scores: \_\_\_\_\_

### STUDENT/FAMILY INFORMATION

Child's Legal Name

\_\_\_\_\_

Last Name

First Name

Middle Initial

Current Age

\_\_\_\_\_

Birthday

\_\_\_\_\_

Sex

Male

Female

Grade your child will be in next school year (K, 1, 2, 3, 4, 5, 6, 7, 8)

\_\_\_\_\_

Home Address

\_\_\_\_\_

Number/Street

City/Zip Code

Does your child live with?

Father

Mother

Both

Other

\_\_\_\_\_

Father's / Legal  
Guardian's Name:

\_\_\_\_\_

Occupation

\_\_\_\_\_

Employer

\_\_\_\_\_

Father's / Legal Guardian's Employer Name

\_\_\_\_\_

Work Address (street, city, zip-code)

Work phone (XXX-XXX-XXXX)

\_\_\_\_\_

Father's / Legal Guardian's cell phone  
(XXX-XXX-XXXX)

\_\_\_\_\_

Home phone (XXX-XXX-XXXX)

\_\_\_\_\_

Father's / Legal Guardian's Email Address:

\_\_\_\_\_

Mother's / Legal  
Guardian's Name:

\_\_\_\_\_

Occupation

\_\_\_\_\_

Employer

\_\_\_\_\_

Mother's / Legal Guardian's Employer Name

\_\_\_\_\_

Work Address (street, city, zip-code)

Work phone (XXX-XXX-XXXX)

\_\_\_\_\_

Mother's / Legal Guardian's cell phone  
(XXX-XXX-XXXX)

\_\_\_\_\_

Home phone (XXX-XXX-XXXX)

\_\_\_\_\_

Mother's / Legal Guardian's Email Address:

\_\_\_\_\_

Approximate annual income earned last year by the family:

\_\_\_\_\_

Does your family attend a Christian church? \_\_\_\_\_

Name of Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church address \_\_\_\_\_  
Number/Street/City/Zip Code

Church Phone # \_\_\_\_\_ How long has your family attended this church? \_\_\_\_\_

Does your child have a brother, sister or other friends or relatives attending LACS?  Yes  No

Name	_____	Relationship	_____	Grade	_____
Name	_____	Relationship	_____	Grade	_____
Name	_____	Relationship	_____	Grade	_____

**STUDENT EDUCATIONAL INFORMATION**

Schools Attended	Grades	Dates Attended

Does your child have an IEP (Individualized Education Plan?) \_\_\_\_\_

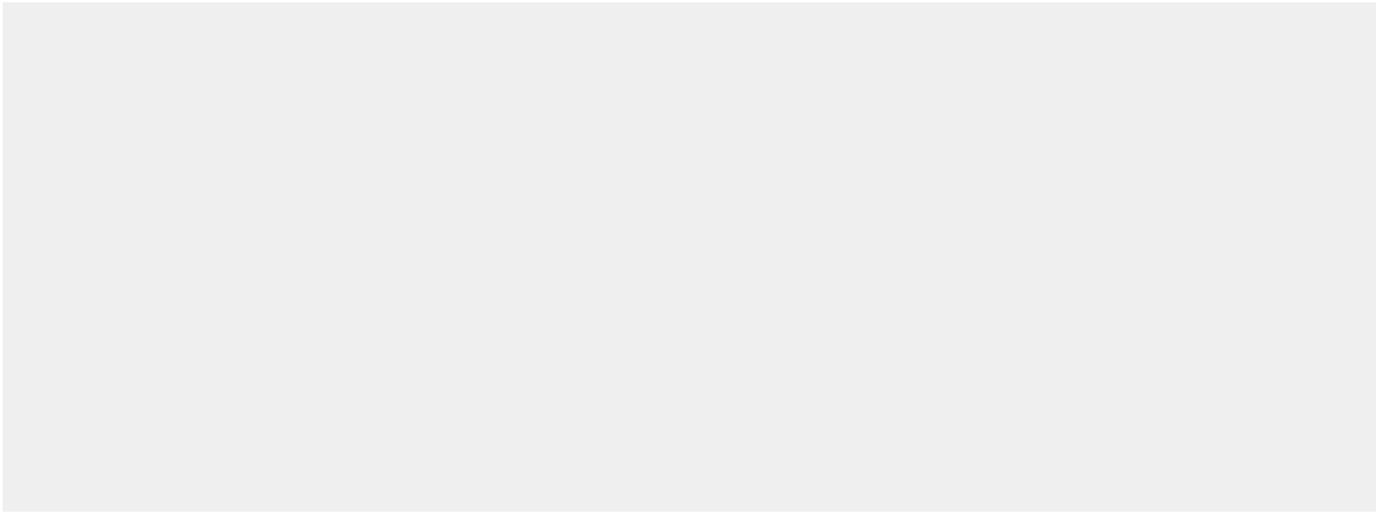
If yes, what is the diagnosis? \_\_\_\_\_

Has your student been diagnosed with a learning disability? \_\_\_\_\_

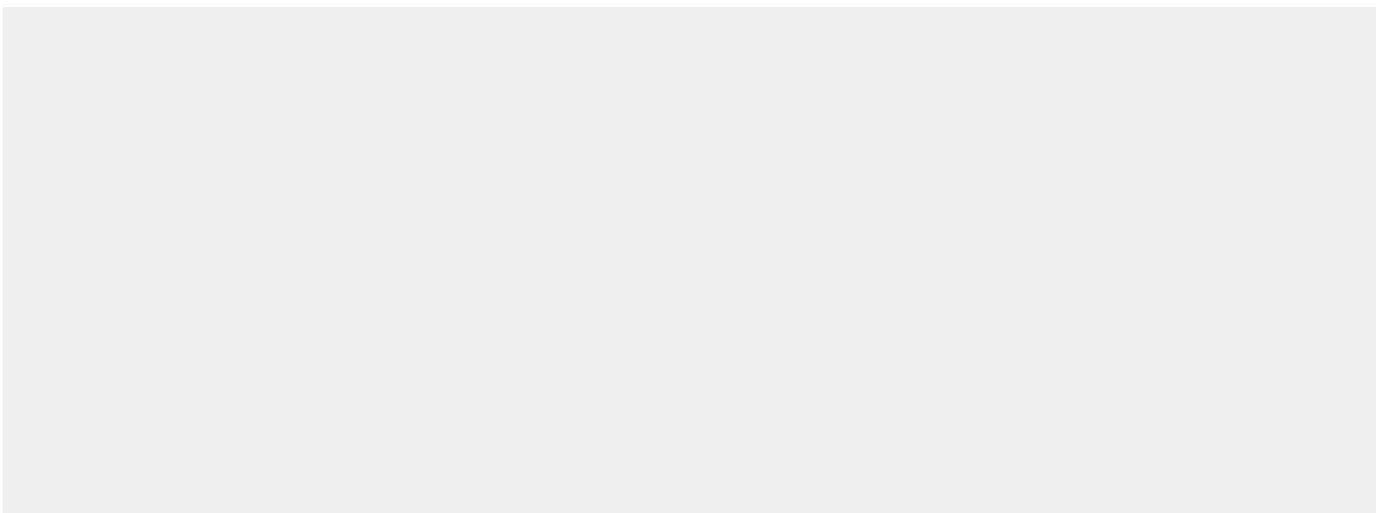
**Please bring a copy of your child's previous year's report card when you come in for testing.**

**SHORT ANSWER - Please write 4-8 sentences answering each question.**

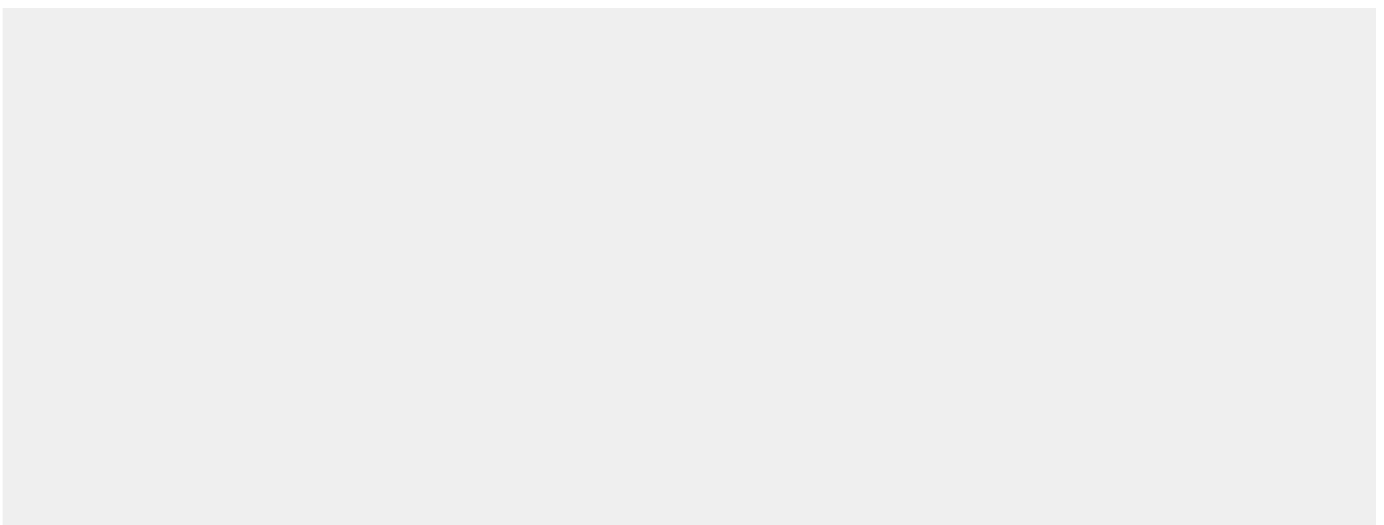
**1) What are you and your family looking for in a school for your child/children?**



**2) LACS believes that when students come to our school we enter into a partnership with our community and your family. Why do you feel that LACS is the right choice for your family?**



**3) What will you do to support your child's education, including homework and school projects, if he/she is accepted to the LACS?**



4) How would you describe your child's personality, character, habits and interests?

5) Tell us what you like about your church.

*I have read and understand the above information and the attached policies. All information on the application is accurate.*

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Parent/Guardian Signature	Date

**NON DISCRIMINATION POLICY**

"It is and shall be the policy and practice of the Los Angeles Christian School in the admissions of students or the hiring of employees not to discriminate on the basis of the applicant's race, color, sex, nationality, or ethnic origin. We do reserve the right to screen applicants on the basis of religious preference and our admission policy."

**Please Note:** Completing this application or paying any fees does not insure that your child will be accepted to attend Los Angeles Christian School. If your application meets our admissions criteria, you will be contacted to schedule an appointment for testing. Depending on the age of your child, he or she will be given a test to determine his or her readiness to be successful in our school.

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1620 W. 20th Street  
Los Angeles, CA 90007  
(323) 735-2867**

## **STATEMENT OF FAITH**

We believe the Bible to be inspired, the only infallible authoritative word of God.

We believe there is only one God, eternally existent in three (3) persons: the Father, the Son, and the Holy Spirit.

We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracle, in His vicarious and atoning death, in His resurrection from the dead, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace through faith we are saved.

We believe in the eternal destiny of both the saved and the lost, that they who are saved are saved unto the resurrection of life, and that they who are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in Christ.

I have read and support the statement of Faith of the Los Angeles Christian School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date