

STUDENT APPLICATION FORM

Please email form to: Amber.Fitzpatrick@LBCEastBay.com

Date: _____ Current Grade: _____ Grade Entering: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

Date of Birth: _____ Age: _____ Female Male

Place of Birth: _____
City County State

School last attended: _____ City: _____ State: _____

Is student a citizen of the U.S.A.? Yes No If no, what country? _____

Has student ever attended Lighthouse Baptist School? Yes No

Has student ever:

Had any academic difficulty? Yes No Repeated a grade? Yes No

Been Suspended? Yes No Been Expelled? Yes No

Please explain any yes answers: _____

Has student ever:

Been in legal trouble? Yes No Done Drugs? Yes No

Been on Probation? Yes No Been Arrested? Yes No

Please explain any yes answers: _____

Church Affiliation: _____ Do you attend church regularly? Yes No

Have the following been saved and baptized? (please check if yes)

Father (or Male Guardian) Mother (or Female Guardian) Student

FOR OFFICE USE ONLY:

Forms completed: _____ Interview: _____ Transcript requested: _____ Registration Fee: _____ Acceptance letter: _____



LIGHTHOUSE BAPTIST SCHOOL

118 Neal Street, Pleasanton, CA 94566 | Phone: 925.846.7220 | LighthouseBaptistSchool.org

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