



The mission of Twin Lakes Christian School is to provide an excellent educational experience in a caring, Christian community.

APPLICATION FOR ADMITTANCE

Date of application _____ Boy _____ Girl _____

Application is made for _____ grade and admission is desired for the _____ school year.

Name of Student _____

Last

First

Student's address _____

City _____ State _____ Zip code _____

Telephone _____ Age _____ Birthdate _____

FATHER

MOTHER

Name _____

Name _____

Address, if different from above:

Address, if different from above:

City/State _____ Zip _____

City/State _____ Zip _____

Cell phone _____

Cell phone _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Occupation/Employer _____

Occupation/Employer _____

Co-parent _____

Co-parent _____

Phone number(s) _____

Phone number(s) _____

Children in Family:

Name Birth year Gender

The TWIN LAKES BAPTIST CHURCH, INC., d.b.a. TWIN LAKES CHRISTIAN SCHOOL, 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 or admission policies.

SCHOOL BACKGROUND

School Name	Complete School Address	Grade	Date attended
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In what grade was the applicant enrolled last semester? _____ Was the applicant promoted? _____

Was the applicant ever dropped from any school for poor scholarship or any other reason? If yes, explain.

What are the child's major interests in school? _____

Have there been discipline problems in school? If yes, explain. _____

SOCIAL/EMOTIONAL DEVELOPMENT

1. Are there any unusual factors in the child's life? If so, please explain. _____

2. How does the child behave in new situations? _____

3. How well does the child relate to others? _____

4. Has the child ever been in a special class for accelerated learning or for special help? If so, where?

5. Has the child had special testing by a psychologist within the last two years? If so, where?

CHURCH INTEREST

This section has no bearing on whether your child will be accepted. It is simply to help us know your child's church background.

Does the family attend church regularly? yes _____ no _____

Name of Church attended _____

INTEREST IN TWIN LAKES CHRISTIAN SCHOOL

How did you first become interested in Twin Lakes Christian School? _____

What is your major reason for desiring to send your child to TLCS? _____

PARENTS' COMMITMENT

In applying for admission to TLCS, we express a desire that our child should receive a quality Christ-centered education. We understand that TLCS is designed to be supportive of the home and parents in helping them to meet their God-given responsibilities of rearing their children in the "instruction and training of the Lord" (Ephesians 6:4). We recognize that the school may have standards which go beyond some of our personal attitudes and opinions as individuals, but we willingly accept the responsibility to uphold school standards, rules, and regulations.

Signature _____ Signature _____

Please attach your \$50.00 non-refundable application fee.

Make your check payable to TLCS.

Thank you!

Twin Lakes Christian School - 2701 Cabrillo College Drive - Aptos, CA 95003

Phone: 831.465.3301 - Fax: 831.465.3389

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