



# Laconia Christian School

1386 Meredith Center Rd. ♦ Laconia, NH 03246 ♦ (603) 524-3250 ♦ Fax: (603) 524-3285

FORM  
**A**

## INTERNATIONAL STUDENT APPLICATION

School Year: \_\_\_\_\_

*For parents or guardians of students enrolling in all grades—preschool through grade 12; complete one application per child.*

**1 Applicant's Full Name:** \_\_\_\_\_  
Last First Middle Preferred first name

Applying for grade: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  Male  Female

Citizenship: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Language(s) spoken in home: \_\_\_\_\_

**2 Previous or present school:** \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of school Phone Fax

Address \_\_\_\_\_  
Street number or P.O. Box City State Zip

**3 Church affiliation:** \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of church Phone Pastor

Address \_\_\_\_\_  
Street number or P.O. Box City State Zip

**4 Applicant's mailing address:**

Address 1 \_\_\_\_\_  
City \_\_\_\_\_  
State/ Zip \_\_\_\_\_

**5 Applicant's residential address (if different):**

Number/ Street/ Apt. \_\_\_\_\_  
City \_\_\_\_\_  
State/ Zip \_\_\_\_\_

**6** ■ Applicant lives with: (check all that apply)  Father  Mother  Stepfather\*  Stepmother\*  Other\* \_\_\_\_\_  
■ Please send admissions correspondence to:  Father  Mother  Stepfather\*  Stepmother\*  Other\* \_\_\_\_\_  
■ Please send bills to:  Father  Mother  Stepfather\*  Stepmother\*  Other\* \_\_\_\_\_

\* If other than "Mother" or "Father" on any of the above, state name and contact information here:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_

**7 Father's name:** \_\_\_\_\_

Marital status:  Married  Separated  Divorced  
 Single  Remarried

Mailing address (if different from applicant):

Address 1 \_\_\_\_\_  
City \_\_\_\_\_  
State/ Zip \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation/ Title: \_\_\_\_\_  
Name of business: \_\_\_\_\_  
Work phone: ( ) \_\_\_\_\_

**8 Mother's name:** \_\_\_\_\_

Marital status:  Married  Separated  Divorced  
 Single  Remarried

Mailing address (if different from applicant):

Address 1 \_\_\_\_\_  
City \_\_\_\_\_  
State/ Zip \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile phone: ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation/ Title: \_\_\_\_\_  
Name of business: \_\_\_\_\_  
Work phone: ( ) \_\_\_\_\_

**9 Siblings:** (Please list all siblings currently living in same household)

■ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolling? \_\_\_\_\_  
■ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolling? \_\_\_\_\_  
■ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolling? \_\_\_\_\_





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## ADDITIONAL QUESTIONS FOR PARENTS

For parents or guardians of students enrolling in grades 1 through 12 (preschool parents please use Form B). Complete one statement per child.

1. How did you hear about Laconia Christian School?

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2. How can Laconia Christian School meet the needs of your child?

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3. Is the applicant currently involved in any special programs or receiving any special services from your school district?  Yes  No From a private source?  Yes  No

- Chapter One     Speech therapy     Reading Recovery     Gifted Education/ Enrichment  
 Physical therapy     Special education     Other \_\_\_\_\_

If so, please provide documentation of testing done to qualify the applicant and/or a copy of most recent IEP.

4. Has the applicant been suspended, dismissed, or withdrawn from school for any reason or been in any other disciplinary or legal difficulty outside of school?

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5. Does your child take medication?  Yes  No

If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_





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FORM  
**E**

## PASTOR RECOMMENDATION FOR INTERNATIONAL STUDENT

*For pastors of students enrolling in all grades — preschool through grade 12.*

**Family Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

*TO THE PASTOR: The above family has one or more students applying for new admission to Laconia Christian School. Thank you for taking the time to complete and return this assessment.*

**1.** How long have this family and/or the applicant(s) attended your church? \_\_\_\_\_

**2. Student name**

**Attends church regularly**

**Has made a profession of faith**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No  
 Yes    No  
 Yes    No  
 Yes    No  
 Yes    No

Yes    No    Unsure  
 Yes    No    Unsure  
 Yes    No    Unsure  
 Yes    No    Unsure  
 Yes    No    Unsure

**3.** Please discuss the involvement of the applicant(s) or their family in your church. For students applying for grades 5-12, we are particularly interested in your sense of their relationship with Jesus Christ.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.** If this family has financial need in meeting tuition, would your church be willing to consider assisting them?

Yes    No

Name of church: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



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## ENGLISH TEACHER RECOMMENDATION

Name of applicant: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

TO THE TEACHER: The above-named student is an applicant for admission to Laconia Christian School. The information on this form is used in both the admissions and placement process and will be made available to future teachers. Thank you for taking the time to complete and return this assessment.

### 1. COMPETENCY

Please rate the student's competency in each skill area (relative to other students in your class) according to the scale provided. (Do not rate areas about which you do not have a clear sense of the student's abilities.) 4 Outstanding/ 3 Above average/ 2 Average/ 1 Below average

<p><b>Writing</b> Overall <input type="checkbox"/></p> <p><input type="checkbox"/> The student can write a well developed and structured paragraph.</p> <p><input type="checkbox"/> The student can identify the parts of speech in his/her own writing.</p> <p><input type="checkbox"/> The student is able to defend a position using examples.</p> <p><input type="checkbox"/> The student is able to demonstrate critical thinking in her/his writing.</p>	<p><b>Reading Comprehension</b> Overall <input type="checkbox"/></p> <p><input type="checkbox"/> The student completes all course-related readings.</p> <p><input type="checkbox"/> The student is able to read for content and data collection.</p> <p><input type="checkbox"/> The student is able to analyze text on a figurative level.</p> <p><input type="checkbox"/> The student is an avid reader who reads independently of class assigned texts.</p> <p><input type="checkbox"/> The student uses literature as a tool for personal growth.</p>	<p><b>Verbal Skills</b> Overall <input type="checkbox"/></p> <p><input type="checkbox"/> The student is willing to participate in class when called upon.</p> <p><input type="checkbox"/> The student readily volunteers to participate in class discussions.</p> <p><input type="checkbox"/> The student is comfortable reading aloud in class.</p> <p><input type="checkbox"/> The student is willing to ask questions for clarification.</p> <p><input type="checkbox"/> The student is comfortable speaking before peers.</p>
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<b>2. PERSONAL QUALITIES</b>	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respect for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please complete other side.





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FORM

1

## MATH TEACHER RECOMMENDATION

Name of applicant: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

TO THE TEACHER: The above-named student is an applicant for admission to Laconia Christian School. The information on this form is used in both the admissions and placement process and will be made available to future teachers. Thank you for taking the time to complete and return this assessment.

### 1. COMPETENCY

Please rate the student's competency in each skill area according to the scale provided. (Do not rate areas about which you do not have a clear sense of the student's abilities.) 4 Outstanding/ 3 Above average/ 2 Average/ 1 Below average

- Current level of achievement \_\_\_\_\_
- Computational accuracy \_\_\_\_\_
- Computational speed \_\_\_\_\_
- Mastery of concepts \_\_\_\_\_
- Problem-solving skills \_\_\_\_\_
- For students applying to grades 9-12: Ability to succeed in a college preparatory curriculum and in college \_\_\_\_\_

2. What do you perceive as the applicant's greatest strength in mathematics? \_\_\_\_\_

3. What do you perceive as the applicant's greatest need in mathematics? \_\_\_\_\_

<b>4. PERSONAL QUALITIES</b>	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respect for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please complete other side.





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## TRANSCRIPT RELEASE REQUEST

Parents or guardians of students in grades 1-12 should complete this form and give it to the school their student is currently attending or has most recently attended.

Name of applicant: \_\_\_\_\_ Applying for grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

The student noted above is applying for admission to Laconia Christian School.

I authorize \_\_\_\_\_

Name of school student is currently attending or has most recently attended

\_\_\_\_\_ Mailing address of school

\_\_\_\_\_ City/Town

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

to send or fax Laconia Christian School a copy of this student's:

- Transcripts/ Report cards (along with school grading key)
- I.E.P., if applicable

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_