

## LCCS Sibling Application

Parents' Names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (M) \_\_\_\_\_ (D)

email : \_\_\_\_\_ (M) \_\_\_\_\_ (D)

Student's Full Name: \_\_\_\_\_

Nickname (if other): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Anticipated Grade Placement for next school year: \_\_\_\_\_

School last attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Complete address of previous school: \_\_\_\_\_

\_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_

Has this student even been dismissed, suspended, or expelled? \_\_\_\_\_

Has this student ever had any scholastic difficulty? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will the Community School differ from your child's previous school experience?

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**Please list the reasons you desire your child to unite with L.C.C.S:**

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**Please summarize your child's present spiritual condition:**

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**Please list the parenting classes you have completed and the dates since last submitting a LCCS application:**

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**Please submit a sibling application for each new sibling to LCCS Admissions via email ([sallyn@homesc.com](mailto:sallyn@homesc.com)) or mail to 295 Seven Farms Drive, Suite C-142, Daniel Island, SC 29492. Thank you.**