



Student Information

To be filled out by Students in **Grades 7th through 12th**

Date _____

Print Name

What honors have you received in previous schools?

What extra-curricular activities have you been involved with?

Have you ever been dismissed, suspended or seriously disciplined at any school? If so, explain.

Have you ever used tobacco, alcoholic beverages, or drugs (non-medical)? If so, explain.

Have you ever received remedial help in any subject? If so, explain.

Why do you wish to attend Lincoln Christian School?

Do you know Jesus Christ as your personal Savior? _____
If so, write your testimony. Use reverse side of this paper if needed.

