

Date Entered \_\_\_\_\_

Date Withdrew \_\_\_\_\_

### Cedars of Lebanon Academy

366 Cove Creek Road  
McMinnville, TN 37110-9512

Tel. (931) 692-3635

#### ENTRANCE APPLICATION

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Name of Parent or Guardian \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

Grade last completed \_\_\_\_\_ Have you failed any grade? \_\_\_\_\_ Which? \_\_\_\_\_ Report Card Submitted \_\_\_\_\_

Reason for leaving previous school \_\_\_\_\_

Name of last school attended \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Address of last school attended Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Business Address \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Business Address \_\_\_\_\_

| Brothers and Sisters | Age   | Grade | School |
|----------------------|-------|-------|--------|
| _____                | _____ | _____ | _____  |
| _____                | _____ | _____ | _____  |
| _____                | _____ | _____ | _____  |

References of responsible persons who know parents and students:

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Is transportation desired? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student been born again? Yes \_\_\_\_\_ No \_\_\_\_\_ Is student now a practicing Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Please consider my child, whose name is given above, for admittance to Cedars of Lebanon Academy for the school term in grade \_\_\_\_\_, beginning September \_\_\_\_\_.

Cedars of Lebanon Academy admits students of any race, color and ethnic background.

Signature of Parent \_\_\_\_\_

Date of Application \_\_\_\_\_

Accepted by:  
CEDARS OF LEBANON ACADEMY:

By \_\_\_\_\_

Entrance Test Results \_\_\_\_\_