LHS Student	name (one form p	per student):						
Address of St	tudent:			City			Zip _	
County of	Residence:		Date	of Birth:		_ 25-26	Grade	Level:
Does the Stu	dent have an indiv	vidualized educa	ation prog	gram (IEP) or a	service plan?	Y or N		
Parent Phone:			_ Parent	Email:				
	ol Corporation of Le School Corporation		that you	LIVE in:		(I.	.e., Frankl	in Township
Household Si	ize: #(Γotal number of	ALL ADU	JLTS AND CH	LDREN living	in the home	e)	
Names and								
		_						
2		Age	6.			Age	·	
		_				•		
4		Age	8.			Age	·	
and other incodocumentation Parent/Guard		on. I authorize t Department of I	he school Education	l administrator/ n (Choice Scho	designee to in larship) on bel	put the info half of the s	rmation in tudent.	Federal Income Tax icluded in this form and
	K	PLEAS elle Johnson, ki	_	RN THIS COM	_	_	voul	
	T.C		Offitsoff®	rinsi.org or the	LI 13 SCHOOL O		you!	
For Office Us	se Only							
STN:	DOB:	County: _		_ Corporation #				
Household siz	ze on taxes:							
Opt 1 - Direct	Eligible#:	(ref #)	Opt 2 – F	oster Child:	Opt 3 – Ho	ousehold Inco	me:	
Size:T	otal HH Income:							
Tuition & Fee	full tuition (minus di church (\$1200) multi-child (15%) church worker (25% employee (50%)	,				iiaad O. b. '	auskie A	
	_ total tuition/fees				Est	imated Schol	arsnıp \$:	