



# Application for Resident Admissions

7401 Monticello Road

Columbia, SC 29203

803-807-4000

www.benlippen.com

## INSTRUCTIONS:

- Fill out the application completely (online, typed or in ink) and send to the Resident Admissions Coordinator at the address above.
- Include a non-refundable application fee of \$100 USD.
- Both the applicant and his/her parents must read and sign the application.
- The application will not be reviewed until all of the following have been received:
 

Student Questionnaire	Math Teacher Recommendation	Transcripts (minimum of 3 years)
Parent Questionnaire	English Teacher Recommendation	Bank Statement

## I. Personal Information Regarding Applicant and Family

First Name	Middle	Last	Preferred Name
<i>Please print legal name as it appears on passport. This name is used if student needs an I-20 to obtain an F-1 student visa.</i>			
Street Address	City	State	Country
Home Phone	Student Email	Birthdate (MM/DD/YY)	Gender
Country of Birth	Citizenship	Grade Applying For?	Year Applying For?
Primary Language(s) Spoken	Numbers of Years English Studied?		

### Father or Male Guardian

### Mother or Female Guardian

Full Name	Full Name
Address (if different from applicant)	Address (if different from applicant)
City	State/Zip Country
Home Phone	Business Phone
Cell Phone	Email Address
Occupation	Title
Company Name	Company Name

Full Name	Full Name
Address (if different from applicant)	Address (if different from applicant)
City	State/Zip Country
Home Phone	Business Phone
Cell Phone	Email Address
Occupation	Title
Company Name	Company Name

#### Parents/Guardians:

- Married & living together  
 Separated  
 Divorced  
 Mother Deceased       Father Deceased

- Who has legal custody of applicant?       Mother  
 Who should receive official correspondence?       Mother  
 Who has financial responsibility?       Mother

Indicate Payment Plan:       Annual (due July 1)

#### Applicant resides with:

- Both parents  
 Mother  
 Father  
 Other \_\_\_\_\_

- Father       Other \_\_\_\_\_  
 Father       Other \_\_\_\_\_  
 Father       Other \_\_\_\_\_

Semester (due July 1, December 1)

## II. Desired Date of Admission

- Immediately (Month/Year) \_\_\_\_\_
- Fall, \_\_\_\_\_ (Year)
- Second Semester, \_\_\_\_\_ (Year)
- Grade Applying For \_\_\_\_\_

## III. Applicant's Educational History

School Currently Attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Grade Currently Enrolled \_\_\_\_\_

List Previous Schools Attended in Past 3 Years:

School/Grade(s) Attended \_\_\_\_\_ City/State/Country \_\_\_\_\_

School/Grade(s) Attended \_\_\_\_\_ City/State/Country \_\_\_\_\_

## IV. Applicant's Conduct History (confidential)

In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Ben Lippen School. This includes things such as suspensions, expulsions, psychiatric care, substance use (nicotine, alcohol), or any other behavioral problems at home or school. Failure to notify us could result in your child's separation from BLS.

**Has the applicant ever:**

- Been suspended from school?  Yes  No
- Been expelled from school?  Yes  No
- Asked to withdraw from school?  Yes  No
- Smoked/chewed tobacco?  Yes  No
- Used alcohol?  Yes  No
- Been treated for psychological conditions?  Yes  No

*Please note that if the answer to either of these two questions is "yes", applicant must discontinue use before becoming enrolled at Ben Lippen School*

**If you answered "yes" to any of the above, please explain on a separate sheet of paper.**

## V. Additional Information

Applicant and his/her parents give Ben Lippen School permission to utilize his/her name or photograph in school publications and promotional materials.

- Yes  No

Applicant T-shirt size:

- Youth Large  Youth XL  Adult Small  Adult Medium  Adult Large  Adult XL

Were you referred to Ben Lippen School?  Yes  No

*If "yes", who referred you?*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

To the best of our knowledge the above information is correct:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Return all application forms to:

**Debbie Austin**  
**Resident Admissions Coordinator**

Ben Lippen School  
7401 Monticello Road, Columbia, SC 29203  
803-807-4145

Debbie.austin@benlippen.com