



Ben Lippen Elementary School
Student Supplementary Form
Grades 2-5

For Office Use Only: Date Received _____

Name: _____ Date: _____

1. Write about your family members. Describe a family activity you enjoy.

2. Describe yourself. How would a friend describe you? How would an adult describe you? What kinds of things do you like and dislike?

3. Why do you want to attend Ben Lippen Elementary School? What do you look forward to most?

4. If you were to die today, do you know for certain you would go to Heaven?

Why?

5. Name one way that God has helped you this week.

Please submit this form along with your application to:

Ben Lippen School, Enrollment Counselor
P. O. Box 3999, Columbia, SC 29230
(803) 786-7200, ext. 3535 / Fax: (803) 744-1387