

For Office Use Only:

Date Received _____



Ben Lippen School

Application for Admission

Attach current picture here

Student Information

Full name:	First	Middle	Last	Preferred name:
Student Street Address:				
City:		State:		Zip:
Phone:	Birth date:	Age:	Gender:	
Current grade:	Applying for grade:		Fall or Spring, YR:	
<i>Elementary applicants, preferred campus location:</i>	<input type="checkbox"/> Monticello Road		<input type="checkbox"/> St. Andrews Road	
Citizenship:		Student Ethnicity:		
Applicant lives with: (check any that apply)	<input type="checkbox"/> Both parents	<input type="checkbox"/> Other:		
	<input type="checkbox"/> Father is deceased	<input type="checkbox"/> Parents are separated	<input type="checkbox"/> Father has custody	<input type="checkbox"/> Applicant is adopted
	<input type="checkbox"/> Mother is deceased	<input type="checkbox"/> Parents are divorced	<input type="checkbox"/> Mother has custody	
Current church name: <i>(regular attendance at a local church is required)</i>				
Church denomination:			Pastor's name:	

Parent/Guardian Information

Father's full name (Mr./Rev./Dr.):				
Address				
City:				
State:	Zip:	Country:		
Home Phone:	Business Phone:	Cell Phone:		
Fax Number:		E-mail address:		
Father's place of employment:			Father's title:	
Mother's full name (Mrs./Ms./Dr.):				
Address				
City:				
State:	Zip:	Country:		
Home Phone:	Business Phone:	Cell Phone:		
Fax Number:		E-mail address:		
Mother's place of employment:			Mother's title:	
Has applicant (or other family members) previously attended Ben Lippen School? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If yes, please indicate name, dates & location:

Siblings, Grade, School:

Academic Information

Applicant's previous school(s):		School Phone:
School address:		
School e-mail address:	School Fax:	
Has applicant ever been referred for academic evaluation, either remedial or accelerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain on separate page.</i>		
Does applicant currently have a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will applicant be enrolled in the learning disabilities (Discovery) program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has applicant ever been suspended or dismissed for academic, disciplinary, or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain on separate page.</i>		

English as a Second Language (ESL) (if applicable)

Has applicant had any ESL courses? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long has applicant studied English?	TOEFL score:
Will applicant enroll in ESL? <input type="checkbox"/>	Which level? <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Yes <input type="checkbox"/> No		

Medical Information			
Does applicant have a physical health problem of which the school should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify (include prescriptions or limitation of normal activities):			
Is applicant taking any medication on a regular basis, such as Insulin, Ritalin, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list:			
Has applicant ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the circumstances:			
Check any of the following used or experimented with (in the last 12 months):			
<input type="checkbox"/> narcotic drugs	<input type="checkbox"/> tobacco	<input type="checkbox"/> alcoholic beverages	<input type="checkbox"/> stimulants
If checked, please explain:			
References (Please list the names and addresses <u>in full</u> of the adults to whom you have given a reference form.)			
Pastor's name:		Pastor's phone number:	
Pastor's address:			
English teacher's name:		English teacher's phone number:	
English teacher's address:			
Math teacher's name:		Math teacher's phone number:	
Math teacher's address:			
Payer Information		Indicate Payment Plan Type	
Payor name:		Refer to your financial contract agreement and check your selection: <input type="checkbox"/> Annual (July) <input type="checkbox"/> Semester (July & December) <input type="checkbox"/> Ten Month (July-May) FACTS Plan	
Address Line 1:	if different from student's		
Address Line 2:	if different from student's		
City:	if different from student's		
State, Zip:	if different from student's		
Phone number:	if different from student's		
Relationship:			
Will you be applying for financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you already completed the necessary forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From what source did you learn about Ben Lippen School?			

This application for admission is not complete until the following items are received:

1. A non-refundable application fee of fifty dollars (\$50.00);
2. Previous school records including current grades and standardized test scores;
3. Parent and student questionnaires;
4. All applicable reference form(s);
5. A current picture of applicant;
6. Admissions test results (when applicable).

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date

Please return the completed application:

Ben Lippen School, Enrollment Coordinator
7401 Monticello Road
Columbia, SC 29203
Phone: (803) 807-4110 Fax: (803) 744-1387
Website: www.benlippen.com
e-mail: admissions@benlippen.com

Ben Lippen School is a division of Columbia International University and is a Christian, co-educational, college-preparatory school. It is accredited by the Southern Association of Colleges and Schools (SACS) and is a member of the Association of Christian Schools (ACSI) and the Palmetto Association of Independent Schools (PAIS).

Notice of Nondiscriminatory Policy

Ben Lippen School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national and ethnic origin in administration of its educational policies, admissions policies, scholarship program, athletic or other school-administered programs.