



The King's School

A Ministry of Church of the Nations

P.O. Box 300, Lake Luzerne, New York 12846-0300 ~ (518) 654-6230 ~ Fax (518) 654-7310
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DESIRED START DATE _____

KINDERGARTEN - 12TH GRADE APPLICATION

SCHOOL DISTRICT _____ DATE _____ GRADE _____ DATE OF BIRTH _____

NAME: LAST _____ FIRST _____ MIDDLE _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMER. PHONE _____

CELL _____ EMAIL _____

FATHER'S EMPLOYMENT _____ PHONE _____

MOTHER'S EMPLOYMENT _____ PHONE _____

REFERRING FAMILY: _____

PARENT COMMENTS: _____

A new student fee of \$200 is due with application.

FOR OFFICE USE ONLY

_____ Accepted/Declined	_____ Date	_____ Starting Date
_____ FEES RECEIVED	_____ \$ Total	_____ / _____ Rec. Request Sent/Received
_____ New Student Fee	_____	_____ Health Packet
_____ Operational Fee	_____	_____ Financial Sheet
_____ Tuition	_____	_____ Emergency Card
		_____ Book Requisition Signed

Referred by: _____
Is this referring family currently enrolled @ King's. (Yes) (No)

REFERRAL INCENTIVE:
Referring family may qualify for a monetary reward at the end of your first year of fully paid tuition at King's.