



Middle School Pre-Application Form

Please fill out this form and email to middleschool@LECFL.com together with your son's report cards for the last two academic years. If you have any questions or concerns, please contact us by email.

Student Information

Name of Student: _____ Date of Birth: _____

Current Grade: _____ Grade Applying for: _____ Age: _____

Father's Name: _____ Mother's Name: _____

Father's Email: _____ Mother's Email: _____

Father's Cell: _____ Mother's Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please briefly outline any noteworthy circumstances that should be taken into consideration in accommodating your son: _____

Academic History

Current School: _____

Limudei Kodesh Contact Person: _____ Phone #: _____

General Studies Contact Person: _____ Phone #: _____

School Attended Previous Year if Different: _____

Limudei Kodesh Contact Person: _____ Phone #: _____

General Studies Contact Person: _____ Phone #: _____



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References

1) Name: _____

Position: _____ Phone #: _____

2) Name: _____

Position: _____ Phone #: _____

3) Name: _____

Position: _____ Phone #: _____

Please email the completed form to middleschool@LECFL.com

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