



Lexington Latin School

**Please submit an application fee
of \$100 is per family with your
completed application.**

Family Application Form 2018-2019

**Submit application forms and \$100 fee to:
Lexington Latin School
P.O. Box 23355, Lexington, KY 40523**

Father's Information		DATE COMPLETED: _____		
Father's Name				
Address			City	
	State	Zip	County	
Home Phone			Work Phone	
Cell Phone			Email	
Employer			Title	
Highest Degree/ Area of Education				
Mother's Information				
Mother's Name				
Address			City	
	State	Zip	County	
Home Phone			Work Phone	
Cell Phone			Email	
Employer				
Highest Degree/ Area of Education				
Family Church Affiliation				
Name of Student	Birth Date	Rising Grade	Program (check one)	
			2-Day (K-2 nd)	3-Day
1.				
2.				
3.				

Were you referred to LLS by a current family? Yes No By whom? _____