

# A. E. PHILLIPS LABORATORY SCHOOL

P.O. Box 10168  
Ruston, Louisiana 71272  
Phone: 318-257-3469  
Fax: 318-257-3676  
www.aep.latech.edu

## APPLICATION FOR ADMISSION

Child's Name \_\_\_\_\_

Last

First

Middle

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

Lincoln Parish School your child zoned for: \_\_\_\_\_

**\*Grade your child will be entering:** \_\_\_\_\_

**\*School year beginning: August** \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone : \_\_\_\_\_

Email Address to receive school information: \_\_\_\_\_

Siblings' names, grades, & ages: \_\_\_\_\_

How did you find out about A. E. Phillips Laboratory School? \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_ I am prepared to pay the full amount of tuition of \$2,200.00 per year if enrolled.

\_\_\_\_\_ I am interested in applying for Financial Assistance to offset the cost of tuiton.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

A.E. Phillips does not discriminate on the basis of race, color, national origin, sex, religion, or disability. Minorities are encouraged to apply. Financial assistance is available for qualified applicants.  
**APPLICATIONS WILL BE ACCEPTED AFTER YOUR CHILD'S 4<sup>TH</sup> BIRTHDAY.**