



Application for Resident Admissions

7401 Monticello Road

Columbia, SC 29203

803-807-4000

www.benlippen.com

INSTRUCTIONS:

1. Fill out the application completely (online, typed or in ink) and send to the Resident Admissions Coordinator at the address above.
2. Include a non-refundable application fee of \$100 USD.
3. Both the applicant and his/her parents must read and sign the application.
4. The application will not be reviewed until all of the following have been received:

Student Questionnaire	Math Teacher Recommendation	Transcripts (minimum of 3 years)
Parent Questionnaire	English Teacher Recommendation	Bank Statement

I. Personal Information Regarding Applicant and Family

First Name

Middle

Last

Preferred Name

Please print legal name as it appears on passport. This name is used if student needs an I-20 to obtain an F-1 student visa.

Street Address

City

State

Zip

Country

Home Phone

Student Email

Birthdate (MM/DD/YY)

Gender

Country of Birth

Citizenship

Grade Applying For?

Year Applying For?

Primary Language(s) Spoken

Numbers of Years English Studied?

Father or Male Guardian

Mother or Female Guardian

Full Name

Full Name

Address (if different from applicant)

Address (if different from applicant)

City

State/Zip Country

City

State/Zip Country

Home Phone

Business Phone

Home Phone

Business Phone

Cell Phone

Email Address

Cell Phone

Email Address

Occupation

Title

Occupation

Title

Company Name

Company Name

Parents/Guardians:

- ☐ Married & living together
☐ Separated
☐ Divorced
☐ Mother Deceased ☐ Father Deceased

Who has legal custody of applicant?

☐ Mother

Who should receive official correspondence?

☐ Mother

Who has financial responsibility?

☐ Mother

Indicate Payment Plan:

☐ Annual (due July 1)

Applicant resides with:

- ☐ Both parents
☐ Mother
☐ Father
☐ Other _____

☐ Father

☐ Other _____

☐ Father

☐ Other _____

☐ Father

☐ Other _____

☐ Semester (due July 1, December 1)

II. Desired Date of Admission

- ☐ Immediately (Month/Year) _____
- ☐ Fall, _____ (Year)
- ☐ Second Semester, _____ (Year)
- ☐ Grade Applying For _____

III. Applicant's Educational History

School Currently Attending _____

Address _____ City _____ State _____ Zip _____ Country _____

Grade Currently Enrolled _____

List Previous Schools Attended in Past 3 Years:

School/Grade(s) Attended _____

City/State/Country _____

School/Grade(s) Attended _____

City/State/Country _____

IV. Applicant's Conduct History (confidential)

In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Ben Lippen School. This includes things such as suspensions, expulsions, psychiatric care, substance use (nicotine, alcohol), or any other behavioral problems at home or school. Failure to notify us could result in your child's separation from BLS.

Has the applicant ever:

Been suspended from school? ☐ Yes ☐ No

Been expelled from school? ☐ Yes ☐ No

Asked to withdraw from school? ☐ Yes ☐ No

Smoked/chewed tobacco? ☐ Yes ☐ No

Used alcohol? ☐ Yes ☐ No

Been treated for psychological conditions? ☐ Yes ☐ No

Please note that if the answer to either of these two questions is "yes", applicant must discontinue use before becoming enrolled at Ben Lippen School

If you answered "yes" to any of the above, please explain on a separate sheet of paper.

V. Additional Information

Applicant and his/her parents give Ben Lippen School permission to utilize his/her name or photograph in school publications and promotional materials.

☐ Yes ☐ No

Applicant T-shirt size:

☐ Youth Large ☐ Youth XL ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL

Were you referred to Ben Lippen School? ☐ Yes ☐ No

If "yes", who referred you?

Name _____ Relationship _____ Phone _____ Email _____

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

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____

Return all application forms to:

Debbie Austin
Resident Admissions Coordinator

Ben Lippen School
7401 Monticello Road, Columbia, SC 29203

803-807-4145

Debbie.austin@benlippen.com