



# LANCASTER COUNTY CHRISTIAN SCHOOL

## UNIVERSITY MODEL® INFORMATION SHEET

Thank you for your interest in the University Model® elementary program at LCCS. We are excited about the possibility of partnering with your family in the education of your student. Please complete this form if you are applying for admission to the UM® program grades K to 6.

Student Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Please indicate the number of daytime hours per week the main facilitator is willing to devote to supporting the satellite classroom: \_\_\_\_\_

Please indicate the number of daytime hours per week the main facilitator works outside the home: \_\_\_\_\_

Please explain why you think you can facilitate a satellite classroom in your home: \_\_\_\_\_

Student is currently attending:  Public School  Private School  Homeschool  LCCS Traditional

Please note if your child has a learning exceptionality: The UM® at Lancaster County Christian School is not presently equipped to provide additional help to students with learning exceptionalities. Parents of special needs students must be able to provide extra support either at home or through outside services. How do you plan to meet those needs while your child is attending the UM® at Lancaster County Christian School?

Why do you want to enroll your child into the University Model® at Lancaster County Christian School?

By signing this application, I agree to:

- provide a computer and internet access for my child to use in the satellite classroom. (Access to a printer is recommended.)
- have a parent home while my child are home during satellite classroom days.

Signature Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_