

ENROLLMENT FORM  
**LAKE CHRISTIAN ACADEMY**

School Year **2020-2021**

Account No.	_____
Student ID #	_____
Entry Date	_____

**PLEASE PRINT**

Re-Enrollment     New Enrollment

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GRADE TO ENTER \_\_\_\_

Student's name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell phone (    ) \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ **E-mail** \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

If parents are separated or divorced, with whom does the student live? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Do you give permission for the school staff to give your child Tylenol, Ibuprofen and Benadryl? Yes  No

Child's Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Physical Problems, Allergies \_\_\_\_\_

School attended last year \_\_\_\_\_

Address \_\_\_\_\_

Grades have been: Superior  Above Average  Average  Below Average

Has student failed? Yes  No  What Grade? \_\_\_\_\_

Reason for selecting Lake Christian Academy \_\_\_\_\_

Academy recommended by \_\_\_\_\_

Has this student ever been under the supervision of a parole officer or under the custody of juvenile or other courts?

Yes  No  Has this student ever had a police record? Yes  No

If either answer is yes, have the court or parole officer send an official copy of the court record to LCA.

Church you now attend \_\_\_\_\_

I give permission for my child's photograph to be used by LCA for various publications and promotions (newspapers, brochures, website, etc.) Yes  No

**STATEMENT OF COOPERATION**

In making application for my child it is my desire to have him complete this school year. It is also my understanding that the policy of the school is to not make refunds on registration fees. I also give permission for my child to take part in all activities both on and off the premises of Lake Christian Academy, including recreational activities, sports activities, and school-sponsored trips. I absolve the school from liability to me or my child because of any injury to my child at school or at any school activity.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_