

ENROLLMENT FORM
LAKE CHRISTIAN ACADEMY

School Year **2021-22**

Account No.	_____
Student ID #	_____
Entry Date	_____

PLEASE PRINT

Re-Enrollment New Enrollment

Date ____ / ____ / ____

GRADE TO ENTER ____

Student's name _____

Mailing Address _____ City _____ Zip _____

Sex _____ Birth Date _____ E-mail _____

Father's Name _____ Mother's Name _____

Father's Employer _____ Mother's Employer _____

Father's Phone () _____ Mother's Phone () _____

Preferred contact number: _____

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 _____ School phone: _____

Grades have been: Superior Above Average Average Below Average

-Has student failed? Yes No What Grade? _____

-Has student had any disciplinary action at school? Yes No **If yes, please submit letter of explanation**

-Reason for selecting Lake Christian Academy _____

-Academy recommended by _____

-Church you now attend _____

-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.

-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 _____