



**Office Use Only**

Entry Date \_\_\_\_\_

Student ID # \_\_\_\_\_

## ENROLLMENT FORM

Lake Christian Academy

School year 2023-24

Re-Enrollment     New Enrollment

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

GRADE TO ENTER \_\_\_\_\_

*(Please print- black ink only)*

Student's name \_\_\_\_\_  
Last First Middle Initial

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_ Birth Date \_\_\_\_\_ Email- Student (7-12<sup>th</sup>grade) \_\_\_\_\_

**(please provide all necessary email addresses)**

Parents/Guardian Email \_\_\_\_\_

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

Guardian responsible for child \_\_\_\_\_ Relation \_\_\_\_\_

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

Father's Phone ( ) \_\_\_\_\_ Mother's Phone ( ) \_\_\_\_\_

**PREFERRED Contact number and email** \_\_\_\_\_

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 or Ibuprofen? Yes  No

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

Physical problems, allergies \_\_\_\_\_

**(please continue to back page)**

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

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Grades have been: Superior  Above average  Below average  Has student failed? Yes  No  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 now attending \_\_\_\_\_ Not applicable

Pastoral reference \_\_\_\_\_

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**

I, \_\_\_\_\_ (Parent(s)/Guardian(s) name) hereby certify to the best of my knowledge that the above information is true and accurate. I understand that in the event that any information is found to be false or misleading, enrollment may not take place and all enrollment fees are non-refundable. Any information provided to Lake Christian Academy will be treated with the strictest of confidence. I absolve the school from liability to me or my child because of any injury to my child on school premises or at any school activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date