



Office Use Only

Entry Date _____

Student ID # _____

ENROLLMENT FORM

Lake Christian Academy

School year 2024-25

Re-Enrollment New Enrollment

Date ____/____/____

GRADE TO ENTER _____

(Please print- black ink only)

Please fill in every line & check every box to complete enrollment, thank you.

Student's name _____
Last First Middle Initial

Mailing address _____ City _____ Zip _____

Sex ____ Birth Date _____ Email- Student (7-12thgrade) _____

(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: Above average 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