



# Enrollment Form 2021-2022

## Student Information

## Re- Enrollment

Student's Full Name	Grade	Age	Date of Birth	Ethnicity	Allergies/ Medication Yes/ No	Gender M/F	Sports Y/N
			_/_/_				
			_/_/_				
			_/_/_				
			_/_/_				
			_/_/_				
			_/_/_				

**Tylenol:** yes/no     
 **Advil:** yes/no     
 **Cough Drops:** yes/no     
 **Tums:** yes/no

**Re- Enrollment No Changes**

## Family Information

**Church:** \_\_\_\_\_

<p style="text-align: center;"><b>Family Address</b></p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p style="text-align: center;"><b>Father's Information</b></p> <p>Name: _____</p> <p>Cellphone: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p> <p>Additional Information</p> <p>_____</p> <p>_____</p>	<p>School District: _____</p> <p>Bus Transportation needed: yes/no</p> <p style="text-align: center;"><b>Mother's information</b></p> <p>Name: _____</p> <p>Cellphone: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p> <p>Additional Information</p> <p>_____</p> <p>_____</p>
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**Re- Enrollment No Changes**

### Emergency Contact / Pickups (Contacts other than Parents)

Name _____	<input type="checkbox"/> Emergency Contact	Name _____	<input type="checkbox"/> Emergency Contact
Relation _____	<input type="checkbox"/> Authorized Pickup	Relation _____	<input type="checkbox"/> Authorized Pickup
Phone: _____		Phone: _____	

Re- Enrollment No Changes

### Medical Contacts:

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

#### Last School Attended

School \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Fax \_\_\_\_\_

Email: \_\_\_\_\_

Student was homeschooled

#### Preschool and K5 Only

##### Student will be attending

- Full Days
- Half Days (12:00 pm dismissal) (12:30 pm dismissal)

##### Student will attending on

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

#### Financial

- I will be paying the tuition cost in full.
- I would like to set up a monthly payment arrangement (10 months/12 months).
- I will be applying for scholarship assistance.

## Statement of Cooperation

**All parents and students in 7th-12th grade are required** to annually read the handbook and sign a Statement of Cooperation. Signing this indicates that parents and students understand the positions, policies, and standards of LCA, agree to the doctrinal beliefs as outlined in this **handbook, and agree to cooperate to the fullest in maintaining these standards.**

**I have read the 2021-2022 LCA Parent/Student Handbook.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student Signature**

#### Registration Fee

(Due at Registration- Non-Refundable)  
Per student: \$50 (During March \$30)  
Per Family: \$100 (During March \$50)

#### Medical Requirement

**K3/K4:** Copy of Birth Certificate and immunizations  
**K5/1st:** Physical Exam, Dental Exam, Record of Immunizations,  
**3rd Grade;** Dental Exam  
**6th Grade:** Physical & Scoliosis check  
**7th Grade:** Dental Exam, Tdap, Meningococcal