



# 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
			_/_/_			
			_/_/_			
			_/_/_			
			_/_/_			
			_/_/_			
			_/_/_			

**Tylenol:** yes/no

**Advil:** yes/no

**Cough Drops:** yes/no

**Tums:** yes/no

**Re- Enrollment No Changes**

## Family Information

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

Address: _____ City: _____ State: _____ Zip: _____	School District: _____ Bus Transportation needed: yes/no
<b>Father's Information</b>	<b>Mother's information</b>
Name: _____ Cellphone: _____ Work Phone: _____ Email: _____ Additional Information _____ _____	Name: _____ Cellphone: _____ Work Phone: _____ Email: _____ Additional Information _____ _____

**Re- Enrollment No Changes**

## Emergency Contact (Emergency Contact other than Parents)

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Re- Enrollment No Changes**

**Pickup Information** (People authorized to pick up your children from school)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Re- Enrollment No Changes**

**Medical Contacts:**

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

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

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

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

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

**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**

**Fees** (Registration Fee: Due at Registration- Non-Refundable)

Per student: \$50 (During March \$30)  
Per Family: \$100 (During March \$50)

**Medical Requirements**

K5/1 Physical Exam, Dental Exam,  
Record of Immunizations,  
Copy of Birth Certificate

3<sup>rd</sup> Grade Dental Exam

6<sup>th</sup> Grade Physical Exam & Scoliosis Check

7<sup>th</sup> Grade Dental Exam, Tdap,  
meningococcal