



Student Information

Re- Enrollment

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

Sports Eligibility: 7th- 12th grade **Girls:** Volleyball / Basketball **Boys:** Soccer / Basketball

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;">Family Address</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p style="text-align: center;">Father's Information</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;">Mother's information</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 _____
Relation _____
Phone: _____

- Emergency Contact
- Authorized Pickup

Name _____
Relation _____
Phone: _____

- Emergency Contact
- Authorized Pickup

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. Please select: 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 2022-2023 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