



APPLICATION TO ATTEND L.C.A.S.

Grade Entering: _____

Home Phone:

() _____

Legal Name of Student: _____ Nick Name: _____

Gender: Male Female Birthdate: __/__/_____ Child # ____ of ____

Church Affiliation: _____ Attends Church: Y N Baptized: __/__/_____

Years in Church School: _____ Years in Public School: _____ Student Attends Sabbath School: Y N

Place of Birth: _____ Birth Certificate # _____

(Please attach a copy of the birth certificate if you are a new applicant)

Home address: _____
Street City Zip

Family E-Mail Address: _____

Parental/Family Information

Legal Name of Father (or Guardian): _____ Occupation: _____

Cell Phone: _____ Work Phone: _____ Place of Work: _____

Church Affiliation: _____ Local Church: _____

Legal Name of Mother (or Guardian): _____ Occupation: _____

Cell Phone: _____ Work Phone: _____ Place of Work: _____

Church Affiliation: _____ Local Church: _____

Financial Information

Name of person responsible for the student's account: _____

New Student Information

Do you have an unpaid account in any other school? Y N If yes, amount \$ _____

If yes, name of school: _____ When will it be paid in full? __/__/_____

Has student been suspended or expelled from any school? Y N If yes, for what reason? _____

CONTINUED ON OTHER SIDE

VOLUNTEERS

I am available to assist in the classroom: Yes No If yes, I prefer grade level: _____
(If "yes" please obtain a Background Screening Packet from the office)

I am available to transport students in my vehicle: Yes No
(If "yes" please obtain "certificate of Qualification to Transport Students by Private Vehicle" form from the office)

I have a Teaching Certificate: Yes No

Signature

Day Phone

Evening Phone