



APPLICATION FOR ENROLLMENT

Office Use Only	
<input type="checkbox"/> DM	<input type="checkbox"/> Fee
<input type="checkbox"/> OSR	
<input type="checkbox"/> Data	<input type="checkbox"/> B. Cert
<input type="checkbox"/> File	

We/I _____ and _____
Print First Name, Last Name *Print First Name, Last Name*

hereby apply for permission to enroll the child/ren listed below in The Academy

Student Information – Please indicate grade level student will be entering at LCA

Last Name: _____
 First Name: _____
 Date of Birth: _____
 Health Card #: _____
 Male/Female: _____
 Grade Level Student is entering: _____

Last Name: _____
 First Name: _____
 Date of Birth: _____
 Health Card #: _____
 Male/Female: _____
 Grade Level Student is entering: _____

Last Name: _____
 First Name: _____
 Date of Birth: _____
 Health Card #: _____
 Male/Female: _____
 Grade Level Student is entering: _____

Last Name: _____
 First Name: _____
 Date of Birth: _____
 Health Card #: _____
 Male/Female: _____
 Grade Level Student is entering: _____

Please indicate other children & their age in your family who are not currently enrolled at LCA. This information is for tracking future enrollment data at LCA.

Parents/Guardian Information – Please include information for both parents/guardians

Last Name: _____
 First Name: _____
 Home Phone: _____
 Cell Phone: _____
 Address: _____

 Email: _____
 Employer: _____
 Work Phone: _____

Last Name: _____
 First Name: _____
 Home Phone: _____
 Cell Phone: _____
 Address: _____

 Email: _____
 Employer: _____
 Work Phone: _____

Additional Student & Family Information

Medical Concerns: YES _____ NO _____ Allergy Concerns: YES _____ NO _____

Learning Concerns or Exceptionalities: YES _____ NO _____

If YES, please provide details below.

Please indicate the previous school your child(ren) attended (if applicable)

Why do you desire to enroll your child/ren at the London Christian Academy?

What are your expectations of the London Christian Academy?

Give a description of what activities in your home contribute to the spiritual development of your child/ren.

Briefly describe your spiritual walk with the Lord. Please include your church affiliation/church name.

Signature _____

Date _____

PLEASE ATTACH A COPY OF CHILD/CHILDREN'S BIRTH CERTIFICATE