Llano Christian Academy

Learning Christ-Centered Academics

LCA

507 East Green Street Llano, Texas 78643

Learning Christ-Centered Academics

Name of ApplicantFirst	Middle	Last	Nickname
Application for grade:			Date:
Date of Birth:			Citizenship:
Parent 1 or Legal Guardian:	Parent :	2 or Legal Guardian:	
Name:	Name:		
Address: Mailing:	Addres	ss: Mailing:	
Physical:		Physical:	
City, State, Zip:	City	, State, Zip:	
Геlephone:	Teleph	none:	
E-mail:	E-mail	1:	
Occupation:	Occup	ation:	
Business Address:	Busine	ess Address:	
City, State, Zip:	City	, State, Zip:	
Work Telephone:	Work	Telephone:	
Parental Status: Married	Legally Separated _		Divorced
	Domestic Partnership Single Parent		

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Parent I	Parent 2	Both Parents _		Guardiai	n	Otner
Who is financia	ally responsible for the st	udent?				
Billing Address	s:					
	Address	City			State	Zip Code
Do you wish to	apply for financial aid?	(Circle One)	YES	NO		
Names and age	es of brother(s), sister(s) a	and schools they at	tend:			
Please provide	the following informatio	n: Attach addition	al shee	ts if necessary		
With peers?	e your child: What are his	_		_	_	•
What do you he	ope to have your child ga	in from coming to	Llano	Christian Aca	demy?	
Has the applica	ant ever skipped or repeat	red a grade?	YES	NO wh	ich grade?	
-	child's scheduled extra- ay School, Awanas, etc. l		_		_	_

How does your child choose to spend his/her free time?
How do you, as the parent/guardian, interact with your child's homework? a. My child manages his/her homework. b. We monitor homework. c. We help, check and drill homework routinely. Comments:
How many hours does your child usually spend on homework per week?
Has your child ever been referred for testing and/or diagnosed with a learning disability, speech or behavioral difficulty (ADHD, ADD, etc.)? YES NO Please attach a copy of such documentation. Comments:
Describe any physical health issues that require some attention or accommodation from the classroom teacher. Please list any medications the Teacher/Administrator will be administering during school hours.
Any other information you would like LCA to know about your child.

School Information:	
Present School:	
Address:	
Telephone:	
Head of School, Principal or Guidance Counselor:	
Grades or years attended:	Current Grade:
Parent 1 Grandparents:	Parent 2 Grandparents
Name:	Name:
Address:	Address:
Emergency contact person (in case parent or guardian Name:	
Address:	
Relation to Applicant:	_ Alternate Telephone:
Name:	
Address:	
Telephone:	_ Alternate Telephone:
Relation to Applicant:	

A photo would be appreciated, but optional.

knowledge and be	elief, is true, and com	plete on the date of the application.
Date:		
Parent/Guardian Signa	ture	
For Llano Christian	Academy use:	
		

I declare the information on the Admissions Application, to the best of my

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Parent/Guardian Signature

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Note: Please fill this form out completely and return in the application paperwork.

Request for Records

Date:	
To:	
Please mail the following records for this str	adent:
1. Attendance Records	
2. Transcript of grades	
3. Standardized test results	
4. Health records	
Please mail the following records for this str	adent to:
Llano Christian Academy	
507 East Green Street	
Llano, Texas 78643	
Thank you for your assistance.	