

Llano Christian Academy

Learning Christ-centered Academics

904 Berry Street, P.O. Box 728

Llano, Texas 78643-0728

L C A

Learning Christ-centered Academics

APPLICATION FOR ADMISSION

Name of Applicant _____
First Middle Last Nickname

Application for grade: _____ M or F: _____ Entrance Date: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____
(month/day/year)

Parent 1 or Legal Guardian:

Parent 2 or Legal Guardian:

Name: _____ Name: _____

Address: Mailing: _____ Address: Mailing: _____

Physical: _____ Physical: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Business Address: _____ Business Address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Parental status: Married _____ Legally separated _____ Divorced _____

Domestic Partnership _____ Single Parent _____ Widow/ed _____

Name of custodial parent (if necessary): _____

(A copy of the custody agreement must accompany the enrollment materials.)

Person(s) to whom communications should be sent:

Parent 1 _____ Parent 2 _____ Both parents _____ Guardian _____ Other _____

Who is financially responsible for the student? _____

Billing Address: _____

Address

City

State

Zip Code

Do you wish to apply for financial aid? _____

Names and ages of brothers, sisters and schools they attend:

Please provide the following information. Attach additional sheets if necessary.

Please describe your child. What are his/her strengths? How does he/she get along with other family members? With peers?

What do you hope to have your child gain from coming to Llano Christian Academy?

Has the applicant ever skipped or repeated a grade? Yes _____ No _____

Please list your child's scheduled extra-curricular activities, e.g. music lessons, riding lessons, raising animals, scouting, Sunday School, Awanas, etc. Please circle the activities your child especially enjoys.

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?

List any subject and in what grade your child has received tutoring. Describe the results of the extra help.

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: _____

May we invite your child's grandparents to our Grandparent's Day? Yes _____ No _____

Emergency contact person (in case parent or guardian cannot be reached):

Name: _____

Address: _____

Telephone: _____ Alternate telephone: _____

Relation to applicant: _____

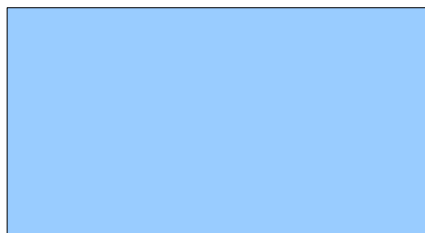
Name: _____

Address: _____

Telephone: _____ Alternate telephone: _____

Relation to applicant: _____

*A photo would be appreciated,
but optional.*



I declare the information on the Admissions Application, to the best of my knowledge and belief, is true, and complete on the date of the application.

Date: _____

Parent/Guardian Signature

For Llano Christian Academy use:

Llano Christian Academy

Learning Christ-centered Academics

904 Berry Street, P.O. Box 728

Llano, Texas 78643-0728

L C A

Learning Christ-centered Academics

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

Request for Records

Date: _____

To: _____ (Present School)

My child, _____, whose birth date is _____,
has applied/enrolled at Llano Christian Academy.

Please mail the following records for this student:

1. Attendance Records
2. Transcript of grades
3. Standardized test results
4. Health records

Please mail the following records for this student to:

Llano Christian Academy

P.O. Box 728

Llano, Texas 78643-0728

Thank you for your assistance.

Parent/Guardian Signature

