

APPLICATION FOR STUDENT ADMISSION



This application must be filled out completely, **SIGNED** on the second page, and returned to the Admission Office with the **NON-REFUNDABLE Application/Registration Fee**.

Application for Grade _____ Beginning year _____

If Kindergarten: Half Day _____ Full Day _____

OFFICE	Date received _____
	Time received _____

Revised 2/09

NOTE: In an effort to evaluate each applicant, this form contains certain questions of a sensitive nature. If you choose not to answer these questions because you believe you are not legally required to do so, you may leave those questions blank and discuss your concerns with us.

APPLICANT INFORMATION

Full Name: _____ <small>First Middle Last</small>	Date of birth: _____ Sex: ()M ()F <small>Month Day Year</small>
Preferred Name: _____	Ethnic Origin: () African-American () Asian () Caucasian () Other
Home Address: _____ <small>Street</small>	Home Phone: _____
City _____ State _____ Zip Code _____	Church Attending: _____
Present School: _____	Previous Schools Attended: _____
School Address: _____ <small>Street</small>	_____
City _____ State _____ Zip Code _____	Name _____ Years Attended _____
Is applicant a sibling of a current LRCA student? ()Yes () No If Yes, name: _____	

FAMILY INFORMATION

Father's Name: _____ <small>Title (Dr. Mr.) First Last</small>	Mother's Name: _____ <small>Title (Dr. Mrs. Ms.) First Last</small>
Preferred Name: _____	Preferred Name: _____
Home Address: _____ <small>Street</small>	Home Address: _____ <small>Street</small>
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Home Phone: _____ Cell Phone : _____	Home Phone: _____ Cell Phone : _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Title/Occupation: _____	Title/Occupation: _____
Business Address: _____ <small>Street</small>	Business Address: _____ <small>Street</small>
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Business Phone: _____	Business Phone: _____
Church Membership: _____	Church Membership: _____
LRCA graduate: ()Yes () No Class of _____	LRCA graduate: ()Yes () No Class of _____
Father's marital status: (check one) () Married () Separated () Divorced () Remarried () Single	Mother's marital status: (check one) () Married () Separated () Divorced () Remarried () Single
Child lives with: () Both Parents () Mother () Father () Other (please explain): _____	
Please explain any guardianship arrangements (For application, custody papers must accompany application) _____	

FAMILY CONTACT INFORMATION

IMPORTANT - PLEASE READ CAREFULLY

MEDICAL INFORMATION

If the school cannot contact parent, name a friend or relative who may be contacted if child becomes ill. Please give Doctor's name and number.

Friend or Relative: _____ Phone: _____

Doctor: _____ Phone: _____

Medical Ins.: _____ Policy/Group # _____ Hospital Preference: _____

Does your child receive medication? () Yes () No Type _____ Reason for Medication: _____

List Allergies : _____

OTHER INFORMATION

Sibling Information

Name: _____ Current School: _____ Current Grade : _____

Name: _____ Current School: _____ Current Grade: _____

Name: _____ Current School: _____ Current Grade : _____

Are they making application to LRCA? _____

Grandparent Information

Paternal Names: _____

Mailing Address: _____ Phone: _____

Email Address: _____

Maternal Names: _____

Mailing Address: _____ Phone: _____

Email Address: _____

OFFICIAL SIGNATURES

In order for our application for admission to be considered, we the parents agree to the following:

- The application fee is nonrefundable. The registration, building and supply fees are nonrefundable unless the school is unable to accept the student.
- I give permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student as well as the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and disciplines as set forth in the Scriptures. In elementary, this may include corporal punishment administered by someone in administration.
- We agree to send our child/children to school dressed in compliance with the school uniform code.
- I give my permission to Little Rock Christian to send evaluation sheets to my child's previous school and to contact the teacher and administration of that school. I understand that the contents of the evaluation sheets and contact shall remain confidential and WILL NOT be released to me.
- I hereby give permission for nonprescription medication (Tylenol or Advil) and routine non-surgical medical care to be given to my child. If deemed necessary by the staff to take said student to a doctor or hospital, I hereby authorize medical treatment including, but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills. I understand that in the final disposition of an emergency, the judgment of school authorities will prevail.
- Full disclosure of behavioral, neurological and physical history affecting school performance shall be specifically expressed in writing by parent and attached. We must have this information to make appropriate decisions about how we can serve the child.
- Both parents will receive student correspondence unless Little Rock Christian is given court orders that state otherwise.
- For any changes in information concerning your child/children, such as: contact information, custodial arrangements, medical insurance, etc., it is the responsibility of the parents to notify the registrar.
- We have received, read and understood all admissions policies, criteria and procedures.

Signed: Father _____ Mother: _____

Date: _____ Date: _____

Little Rock Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship or loan programs, athletic or other school administered programs.

STUDENT INFORMATION

Please indicate the student's interests:

- () Art () Football () Soccer () Wrestling () Cheerleading () Student Government
() Drama () Basketball () Volleyball () Track/Cross Country () Journalism () Bible Study Group
() Band () Baseball () Tennis () Chorus () Golf () Softball

Please answer all of the questions below:

Other _____

1. Has applicant previously attended LRCA? ___No ___Yes If so give year and grade(s). _____
2. Are there any financial obligations to another private school or LRCA that will not be satisfied by the end of the current school year in the normal course of a tuition payment plan? ___No ___Yes
3. What are your child's strengths? _____
4. What are your child's weaknesses? _____
5. Has applicant ever been in advanced, accelerated, or honors classes? () No () Yes Which classes? _____

6. Has applicant ever repeated or skipped a grade? () No () Yes Reason: _____
7. Has applicant ever been withdrawn or dismissed from school for academic reasons? () No () Yes Reason: _____

8. Has applicant ever been suspended from school or placed on probation? () No () Yes Reason: _____

9. Has applicant ever been expelled, asked to withdraw, or denied an offer to re-enroll from school for academic, disciplinary, or behavioral reasons? () No () Yes Reason: _____

10. Has applicant ever been treated for problems related to drugs, alcohol, or mental depression? () No () Yes Explain: _____

11. Does applicant have any physical or emotional condition which might require special consideration? () No () Yes Explain: _____

12. Has applicant ever been diagnosed as having any learning disorders or learning disabilities? () No () Yes Explain: _____

13. Has applicant ever been psychologically tested? () No () Yes
If yes, a copy of the psychological testing must be submitted with application for educational placement reasons.
14. Will applicant be taking daily prescription medication which will affect his/her performance in the classroom? () No () Yes
Explain: _____
15. Does applicant have a life-threatening allergy? () No () Yes Explain: _____
16. Does applicant have any unusual factors in his/her life which might require special consideration? (i.e. absence of father or mother, in-laws or grandparents in home, unusual accidents or serious illness, etc.) () No () Yes Explain: _____

17. List special interests or hobbies you do together as a family: _____

18. What practices do you follow that provide spiritual strength for your family? _____

19. Why do you want your child at LRCA? _____

CHRISTIAN TESTIMONIES

To Be Filled in by the Mother

Church attending _____ Are you a member? ()Yes ()No

Address _____ Pastor _____

Have you made a personal decision to receive Jesus as your Lord and Savior? ()Yes ()No

Please explain your faith journey that brought you to the point where you placed your faith in Christ: _____

To Be Filled in by the Father

Church attending _____ Are you a member? ()Yes ()No

Address _____ Pastor _____

Have you made a personal decision to receive Jesus as your Lord and Savior? ()Yes ()No

Please explain your faith journey that brought you to the point where you placed your faith in Christ: _____

PARENT INSIGHTS

To be completed by parent(s). Who is completing? () Father () Mother

1. What factor(s) influenced your decision to apply for your child's admission to LRCA? Please check all that apply. You may write additional comments in the space provided.

() Academic Quality () Athletic Program () Tuition value () Reputation in community

() Safe/secure environment () Christian teaching () Facilities () Location

() After school program () Friends at LRCA () Extracurricular opportunity

() Other: _____

2. How did you learn about LRCA?

• Family (who?) _____ Friends (who?) _____

• Advertising: () Newspaper or Magazine (which one?) _____ () Marquee () Web site

() Other: _____

3. To what other schools is the student applying? _____

STUDENT INSIGHTS

To be completed by the student applicant (for Grades 6th-12th ONLY). The following portion of this application is intended to give the student a chance to write about himself/herself as an individual. Please complete the following:

I want to attend LRCA because _____
