

# APPLICATION FOR STUDENT ADMISSION



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

Grade for which applying \_\_\_\_\_ School year \_\_\_\_\_

3 year old \_\_\_\_\_ K4-Three Day \_\_\_\_\_ K4-Five Day \_\_\_\_\_ K5-Half Day \_\_\_\_\_ K5-Full Day \_\_\_\_\_

OFFICE	Date received _____
	Review date _____

**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: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  M  F  
Month Day Year

Home Address: \_\_\_\_\_ Ethnic Origin:  African-American  Asian  Caucasian  Other \_\_\_\_\_  
Street

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip Code

## PARENT INFORMATION

### FATHER'S INFORMATION

Dr.  Mr.  Rev.  Other \_\_\_\_\_ Relationship to Applicant  Father  Step-Father  Legal Guardian

Marital Status:  Married  Separated  Divorced  Remarried  Single

Parent/Guardian: \_\_\_\_\_  
Last First MI PREFERRED NAME

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### MOTHER'S INFORMATION

Dr.  Mrs.  Rev.  Other \_\_\_\_\_ Relationship to Applicant  Mother  Step-Mother  Legal Guardian

Marital Status:  Married  Separated  Divorced  Remarried  Single

Parent/Guardian: \_\_\_\_\_  
Last First MI PREFERRED NAME

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant lives with (check all that apply):

Mother  Father  Legal Guardian  Stepmother  Stepfather  Separated  Divorced  Deceased  Other \_\_\_\_\_

Applicants parent(s):  Married  Separated  Divorced  Deceased If divorced, which spouse holds legal responsibility for school decision?

\_\_\_\_\_ (Please submit notarized copies of all court documents signed by a judge regarding custody and educational decisions along with the application.)

# SIGNATURES

The application must be completed in its entirety by or on behalf of all students seeking admission to Little Rock Christian Academy. It should be submitted to the Admissions Office with a **\$50 non-refundable application fee and \$300 registration fee.**

## Admissions Office

Little Rock Christian Academy • 19010 Cantrell Road • Little Rock, AR 72223

*As the parent(s) or guardian of the student applicant named herein before, I/we state that we have read and agree with the Statement of Belief and Mission Statement of Little Rock Christian Academy and agree that upon acceptance of the herein named student, I/we will pledge ourselves to work with staff, administration and faculty within these statements to the betterment of our student, and to partner and cooperate with the school in the Christian education of my/our child. I understand that the enclosed application fee is non-refundable. I further understand and acknowledge that continued enrollment of my/our child, if admitted to the school, shall be subject to the payment of all tuition and fees set forth on the schedule of tuition and fees as periodically amended by Little Rock Christian Academy and my/our child's compliance with the code of conduct and policies established by Little Rock Christian Academy.*

*Please check all applicable statements*

- A.** The application fee is nonrefundable. The registration, building and supply fees are nonrefundable unless the school is unable to accept the student.
- B.** 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.
- C.** 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.
- D.** We have received, read and understood all admissions policies, criteria and procedures.
- E.** 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.
- F.** We agree to read and follow the guidelines in the parent/student handbook.
- G.** 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 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.
- H.** Both parents will receive student correspondence unless Little Rock Christian is given court orders that state otherwise.
- I.** 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.

I have read and agree with the Statement of Belief and Mission Statement of Little Rock Christian Academy.

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Non-Discriminatory Policy

*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. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.*

## APPLICANT DATA

Full Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_

Applicant's current school and other school(s) applicant has attended:

Name of current school	Location	Grades	Dates
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Name of current school	Location	Grades	Dates
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Does the applicant currently reside in Arkansas?  YES  NO

If so, List the public school/district your child resides: \_\_\_\_\_

## BEHAVIOR

1. Has applicant ever been suspended from school or placed on probation?  YES  NO  
if yes, explain: \_\_\_\_\_

2. Has applicant ever been expelled, asked to withdraw, or denied an offer to re-enroll from school for academic, disciplinary, or behavioral reasons?  YES  NO If yes, give reason: \_\_\_\_\_  
\_\_\_\_\_

3. Has applicant ever been treated for problems related to drugs, alcohol, mental illness, depression or anxiety?  YES  NO  
If yes, explain: \_\_\_\_\_

4. Does applicant have any physical or emotional condition which might require special consideration?  YES  NO If yes, give reason: \_\_\_\_\_  
\_\_\_\_\_

## LEARNING DIFFERENCES

1. Has applicant ever been in advanced, accelerated, or honors classes?  YES  NO Which classes? \_\_\_\_\_  
\_\_\_\_\_

2. Has applicant ever repeated or skipped a grade?  YES  NO Yes If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

3. Has applicant ever been diagnosed as having any learning disorders or learning disabilities?  YES  NO  
If yes, Explain: \_\_\_\_\_

4. Has applicant ever been psychologically tested?  YES  NO If yes, a copy of the psychological testing must be submitted with application for educational placement reasons.

5. Is the applicant receiving any classroom or curricular modifications at his/her current school?  YES  NO  
If yes, please explain what type of modifications are being provided \_\_\_\_\_  
\_\_\_\_\_

6. Has applicant ever received therapy or academic tutoring outside of school (speech/language, math, motor skills, other)?  YES  NO Yes If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

# PERSPECTIVES

What are your child's strengths? \_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

Is your child interested in participating in Athletics (grades 7-12 only)?  YES  NO If yes, which ones? \_\_\_\_\_

Please list other activities the applicant may want to participate in (grades 7-12 only)  
if yes which ones? Please check all that apply:

Art  Drama  Band  Other \_\_\_\_\_

# INSIGHTS

Do you or your child have any concerns about attending LRCA? \_\_\_\_\_

How would you describe your child's relationship with God? \_\_\_\_\_

What three factors most influenced your decision to apply for admission to LRCA? (You may write additional comments on a separate sheet of paper).

How did you first learn about LRCA? Please check all that apply:

LR Family Expo  LR Family Magazine  Private School Directory  Direct Mail  Life in Chenal Magazine  Kid's Directory  Website

Realtor: \_\_\_\_\_  
Name

LRCA Family: \_\_\_\_\_  
Name

Church: \_\_\_\_\_  
Name

Other: \_\_\_\_\_  
Name

# PARENT / FAMILY DATA

Applicant's Name \_\_\_\_\_ Grade for which applying: \_\_\_\_\_

Please add additional sheets if necessary.

Family Church Name: \_\_\_\_\_ Does the entire family attend this church?  YES  NO

If no, please indicate the church preference below:

Mother: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Church name

Father: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Church name

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Church \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Church \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Church \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Church \_\_\_\_\_

## FATHER

Have you made a personal decision to receive Jesus as your Lord and Savior?  YES  NO

Please write a brief testimony of your salvation experience and personal relationship with the Lord. How has God made a difference in your life?

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## MOTHER

Have you made a personal decision to receive Jesus as your Lord and Savior?  YES  NO

Please write a brief testimony of your salvation experience and personal relationship with the Lord. How has God made a difference in your life?

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Please describe the ways in which you integrate your faith into your family life.

Please describe your concept of Christian education and why it is important to you and your family. (Please write on the back for more space)

## GRANDPARENT INFORMATION

Paternal Names: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Maternal Names: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# FAMILY INFORMATION

Has applicant previously applied for admission to Little Rock Christian Academy?  YES  NO If, yes what grade? \_\_\_\_\_

Did applicant previously attend Little Rock Christian Academy?  YES  NO If so, when? \_\_\_\_\_

Are the applicant's parents LRCA alumni?  YES  NO Please give name(s) and graduation year(s) \_\_\_\_\_

Do applicant's siblings attend Little Rock Christian Academy?  YES  NO If yes names(s) \_\_\_\_\_

Please list the name(s) and age(s) for family members (living at home) and the school(s) where they are enrolled:

Name Age Grade School

Name Age Grade School

Name Age Grade School

Name Age Grade School

LRCA is committed to whole families, If applicant has siblings attending other schools that are not applying to LRCA

please provide a brief explanation as to why. \_\_\_\_\_

\_\_\_\_\_

# MEDICAL ENVIRONMENT

If the school can not contact parent, 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: \_\_\_\_\_

1. Will applicant be taking daily prescription medication that will affect his/her performance in the classroom?

YES  NO Explain: \_\_\_\_\_

2. Does applicant have a life-threatening allergy?  YES  NO Explain: \_\_\_\_\_

3. 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.)  YES  NO Explain: \_\_\_\_\_

# FINANCES

1. Will you be applying for tuition assistance?  YES  NO

If possible, please have all documentation completed by March 1st.

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?  
\_\_\_ No \_\_\_ Yes

**Please return this form to Little Rock Christian Academy Admissions Office  
Fax 501.868.8766 or Mail to 19010 Cantrell Road • Little Rock, AR 72223 or  
email the Director of Admissions at darrell.smith@littlerockchristian.com**

# STUDENT WRITING FOR GRADES 6-8

Please answer the questions below to help the Admissions Committee learn more about you. Please answer in your own handwriting and use additional paper if necessary.

Whom do you admire most? \_\_\_\_\_ Why? \_\_\_\_\_

What are you looking forward to the most at LRCA? \_\_\_\_\_

What do you think it means to glorify God in everything you do? \_\_\_\_\_

