



Enrollment Application Life Christian Academy 2014-2015

Student Information:

Student's Full Name: _____
(First) (Middle) (Last)

Age: _____ Date of Birth: _____ Gender: _____ SSN# _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Last School Attended: _____

Grade to Enter: _____ Student Email (if applicable): _____

Family Information:

Marital Status: Married _____ Divorced _____ Single _____ Separated _____ Widowed _____

Mother/Guardian Full Name: _____
(First) (Middle) (Last)

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Father/Guardian Full Name: _____
(First) (Middle) (Last)

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Siblings (List all other children living with the family)

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Plan: Please check the type of payment schedule you would prefer to follow:

(See Price Information Sheet) Annually Semi-Annually Monthly

Financial Aid: Will your family be applying for financial aid? Yes No