

# 2007-2008 NEW STUDENT ADMISSION APPLICATION

**The Christian Academy of Lawrenceburg** is looking for families who: want a strong Christian education and social environment with moral absolutes; have strong academic backgrounds; will commit to support their child, the school, the staff, and the school programs; will participate and support their chosen church; and are committed to support and uphold the Statement of Faith and Mission Statement.

(You may register up to 4 students on this form)

1<sup>st</sup> Student \_\_\_\_\_ ( ) M ( ) F Grade Applying for: \_\_\_\_\_  
(Full name)

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

2<sup>nd</sup> Student \_\_\_\_\_ ( ) M ( ) F Grade Applying for: \_\_\_\_\_  
(Full name)

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

3<sup>rd</sup> Student \_\_\_\_\_ ( ) M ( ) F Grade Applying for: \_\_\_\_\_  
(Full name)

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

4<sup>th</sup> Student \_\_\_\_\_ ( ) M ( ) F Grade Applying for: \_\_\_\_\_  
(Full name)

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City KY Zip Code

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_ Church attending \_\_\_\_\_

Name of Parent(s)/Guardian Student Lives with: \_\_\_\_\_ Parents' marital status: Married Divorced Widowed Separated

Name _____	Relationship _____	Cell Phone _____	Business Phone _____
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Name _____	Relationship _____	Cell Phone _____	Business Phone _____
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IF THE ANSWER TO ANY OF THE FOLLOWING IS "YES", PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER:

- |  |           |          |
|--|-----------|----------|
| Has the student/s ever been dismissed or suspended from any school?                        | YES _____ | NO _____ |
| Does the student/s have any behavioral problems?   | YES _____ | NO _____ |
| Does the student/s have any problems getting along with others?                            | YES _____ | NO _____ |
| Does the student/s have any learning problems?   | YES _____ | NO _____ |
| Does the student/s have any physical disabilities?   | YES _____ | NO _____ |
| Have you applied or will you be applying at any other school this year?                    | YES _____ | NO _____ |
| Has your child/children ever attended a Christian or private school?                       | YES _____ | NO _____ |
| Has your child/children ever had an evaluation for or received Special Education services? | YES _____ | NO _____ |
| Has your child/children ever had an IEP?   | YES _____ | NO _____ |
| Has your child/children ever been absent more than 10 days in any school year?             | YES _____ | NO _____ |

School Student/s currently attends: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Teacher or Counselor's name: \_\_\_\_\_

Other children in the family:

Name	Age	M/F	School now attending	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Office Use Only

Date Application Received: _____	Application Fee Paid: YES NO	Date Paid _____ Check # _____
Instructional Fee Paid: YES NO	Date Paid _____ Check # _____	Admission is: Approved _____ Grade _____
Letter/tuition booklet given: _____	Admission is: Denied _____	Letter sent _____