



# LOVE CENTER CHRISTIAN ACADEMY SCHOOL REGISTRATION FORM

SCHOOL YEAR \_\_\_\_\_

AWARD I.D. \_\_\_\_\_

## STUDENT INFORMATION

NAME: \_\_\_\_\_ GRADE TO ENTER: \_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GENDER (circle): MALE FEMALE

RACE (circle): HISPANIC/LATINO BLACK/AFRICAN AMERICAN ASIAN WHITE OTHER

## GUARDIAN INFORMATION

FATHER'S NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## EMERGENCY CONTACT

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### MEDICAL INFORMATION

DOES THE STUDENT HAVE ANY ALLERGIES? (circle) : YES NO

IF YES, PLEASE LIST: \_\_\_\_\_

DOES THE STUDENT HAVE ANY MEDICAL CONDITION(S) THE SCHOOL SHOULD BE AWARE OF? (circle): YES NO

IF YES, PLEASE SPECIFY: \_\_\_\_\_

### SPIRITUAL INVENTORY

1. DO YOU PROFESS FAITH IN JESUS CHRIST FOR ETERNAL SALVATION? (circle):

**MOTHER:** YES NO **FATHER:** YES NO **STUDENT:** YES NO

2. ARE YOU MEMBERS OF A CHURCH? (Circle): YES NO

IF YES, PLEASE NOTATE CHURCH'S NAME: \_\_\_\_\_

PASTOR OF CHURCH YOU ATTEND: \_\_\_\_\_

3. WHICH CHURCH-RELATED ACTIVITIES DO YOU/YOUR FAMILY PARTICIPATE? (circle):

SUNDAY WORSHIP SERVICE BIBLE STUDY YOUTH GROUP

### ADDITIONAL CONTACTS

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### REFERENCE

HOW WERE YOU REFERRED TO LCCA? (circle):

CHURCH FRIEND STUDENT SOCIAL MEDIA

### APPLICANT INFORMATION

1. WHAT SCHOOL DID THE STUDENT LAST ATTEND? \_\_\_\_\_

2. PLEASE LIST OTHER SCHOOLS ATTENDED (chronological order): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. WHAT IS THE OVERALL GRADE LEVEL OF THE STUDENT'S WORK? (A,B,C, etc): \_\_\_\_\_

4. HAS THE STUDENT EVER FAILED A GRADE OR BEEN RETAINED? (circle): YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. HAS THE STUDENT EVER TESTED FOR OR BEEN ENROLLED IN A GIFTED PROGRAM?  
(circle):

YES

NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. DOES THE STUDENT HAVE A LEARNING DISABILITY OR ANY OTHER SPECIAL NEEDS?  
(circle):

YES

NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. HAS THE STUDENT EVER UTILIZED THE SERVICE OF A COUNSELOR, PSYCHIATRIST,  
OR PSYCHOLOGIST? (circle):

YES

NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

\_\_\_\_\_

8. HAS THE STUDENT EVER BEEN EXPELLED OR REFUSED ADMISSION? (circle):

YES

NO

IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_

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9. HAS THE STUDENT HAD DISCIPLINARY ISSUES? (circle): YES NO

10. HAS THE STUDENT HAD ATTENDANCE/TARDINESS ISSUES? (circle): YES NO

11. HAS THE STUDENT USED ANY ILLEGAL SUBSTANCE(S)? (circle): YES NO

12. PLEASE EXPLAIN WHY YOU WOULD LIKE THE STUDENT TO ATTEND LCCA?

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13. PLEASE PROVIDE ANY ADDITIONAL INFORMATION TO AID IN THE GUIDANCE OF THE STUDENT: \_\_\_\_\_

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#### CONSENT & AGREEMENT

I, \_\_\_\_\_, THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_/\_\_/\_\_\_\_