



## 2024-2025 Student Application

Please be sure the information below is accurate and legible. A non-refundable enrollment fee of \$100.00 must accompany this form. Current immunization records (DHEC 4024) and a copy of the student's birth certificate must be turned in prior to the first day of school.

Student's Full Name: \_\_\_\_\_

Student's Preferred Name: \_\_\_\_\_

Student's Gender - Please circle one: Male or Female

Student's Date of Birth: \_\_\_\_\_

Student's Current Grade: \_\_\_\_\_ Student's Grade in 24-25: \_\_\_\_\_

***Kindergarten students must be five before September 1, 2024***

Student's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Preferred Contact Number: \_\_\_\_\_

Preferred Method of Communication: please circle one

Text

Phone Call

Class Dojo

Email

Preferred Contact Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

LCA OFFICE USE ONLY:

DATE RCVD:

FEE:

NOTICE:

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 Email Address: \_\_\_\_\_

**Who does the student live with?**

Both Parents                  Parent 1                  Parent 2                  Other

If other, please provide additional information. \_\_\_\_\_

\_\_\_\_\_

**Are there any current custody issues?    Yes                  No**

If yes, LCA must have copies of legal documents on file if there are any circumstances of which we need to be aware. Please let us know if there is someone who SHOULD NOT pick up your child.

**For billing purposes, who should bills be sent to?**

Both Parents                  Parent 1                  Parent 2                  Other

If other, please provide additional information. \_\_\_\_\_

\_\_\_\_\_

**Who is authorized to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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List previous schools/programs attended and indicate which grade attended:

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Does your student have a current IEP (individualized education plan)? YES NO

If yes, please submit a copy of the IEP with this enrollment application.

Has your student ever received special services at previous school(s)? YES NO

If yes, please explain what services and length of time. \_\_\_\_\_

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Does your family attend church? If yes, which church? \_\_\_\_\_

### Health History

1. Does your child have any allergies? If yes, please list the allergies and instructions for how to handle these. \_\_\_\_\_

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2. Has your child had any major health issues in the past? If yes, please explain.

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3. Does your student have a current chronic illness or health issue. If yes, please explain. \_\_\_\_\_

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4. Does your student take daily medication? If yes, please list medications.

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5. Does your student have a physical or learning disability that has been diagnosed? If yes, please explain. \_\_\_\_\_

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6. Do you have any concerns about your student in any of the following areas:

- Eyes (Vision)
- Ears (Hearing)
- Speech
- Gross Motor Skills - walking, running, moving
- Fine Motor Skills – use of hands for writing, working with small toys

Please explain any concerns you have in more detail: \_\_\_\_\_

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Student's Primary Physician: \_\_\_\_\_

Student's Primary Dentist: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

**Please include the name of a teacher, administrator, or pastor who is willing to serve as a reference for your child and family.**

Name of Reference: \_\_\_\_\_

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

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Please complete this form and return to Lancaster Christian Academy either in person or by mail to 1426 Great Falls Hwy. Lancaster, SC 29720. Please include any documentation provided by your previous school including IEPs. Scholarship applications are available upon request.

LCA OFFICE USE ONLY:

DATE RCVD:

FEE:

NOTICE: