



2026-2027 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 Race: _____

Student's Date of Birth: _____

Student's Current Grade: _____ Student's Grade in 26-27: _____

Kindergarten students must be five before September 1, 2026

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 1 Employer: _____

Parent 2 Name: _____ Phone: _____

Parent 2 Email Address: _____

Parent 2 Employer: _____

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: Please attach an additional piece of paper if necessary.

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

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NOTICE:

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

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. _____

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. _____

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

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

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

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

6. Does your child have any dietary restrictions? If yes, please explain. _____

7. 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: _____

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.

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NOTICE: