

# Life Christian Academy

3818 West 4700 South  
Salt Lake City, Utah 84118  
(801) 968-8107

## ENROLLMENT FORM

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_ Gender: Male Female Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother/wk \_\_\_\_\_ Father/wk \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of persons enrolling student:

1. \_\_\_\_\_ Relationship to Student: (circle one) Father Mother Legal Guardian

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_ Relationship to Student: (circle one) Father Mother Legal Guardian

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### Applicant's School Background (Please enclose last report card or school transcript)

First School's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Principal/Counselor Name \_\_\_\_\_

Second School's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Principal/Counselor Name \_\_\_\_\_

Describe student's relationship with teachers and peers: \_\_\_\_\_

Describe student's academic level and abilities: \_\_\_\_\_

Was in: Regular \_\_\_\_ Regular/Resource \_\_\_\_ Resource \_\_\_\_ Gifted \_\_\_\_

Circle student's behavior: Normal Quiet Talkative Gentle Lively Lazy Shy Aggressive ADD Hyperactive

Describe student's behavior: \_\_\_\_\_

### Applicant's Church Background

Church student attends \_\_\_\_\_ Pastor's Name \_\_\_\_\_

City \_\_\_\_\_ Phone Number \_\_\_\_\_

Describe student's relationship with church: \_\_\_\_\_

Describe student's relationship with God: \_\_\_\_\_

(Over)

**Other References:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to student \_\_\_\_\_

Why are considering Life Academy Christian School? \_\_\_\_\_

\_\_\_\_\_

Does your student want to attend LCA? (circle one) Yes No

Why? \_\_\_\_\_

\_\_\_\_\_

Have you, as parent or legal guardian, accepted Christ as Savior? Yes No

Describe that relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affidavit of Policy and Parental Responsibility**

I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my child(ren) if a prior agreement is not made to make special arrangements for payment.

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve Life Christian Academy and its administration, staff and employees for liability to myself or the child(ren) because of any injury at the school or during any school activity.

I agree to uphold and support the high academic standards of Life Christian Academy by providing a place at home for my child(ren) to study and will give my child(ren) encouragement and guidance in the completion of all homework and assignments. I will attend Parent Teacher Conferences and Team Meetings. Should the need arise, I will also request meetings with teacher or the team.

I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, disrespect to fellow students and school personnel. I hereby agree to support all school regulations in the applicants' behalf and authorize the administration and personnel to employ such discipline as they deem wise and expedient for the training of my child(ren).

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations are unfulfilled.

After having read the policy statement of Life Christian Academy, and having been given the opportunity to ask questions and discuss these policies with the staff, I am informed and fully understand these policies and agree that I and my child(ren) will abide by said policy.

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Student Signature Date