

DATE _____

LCA RETURNING STUDENT RE-APPLICATION

STUDENT'S LEGAL NAME: _____
Last First Middle

NICKNAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

BAPTISM DATE AND LOCATION (if applicable): _____

FATHER'S LEGAL NAME: _____

MOTHER'S LEGAL NAME: _____

HOME PHONE NUMBER(S): _____
Father Mother

ADDITIONAL PHONE NUMBERS – FATHER: _____
Cell Work

ADDITIONAL PHONE NUMBERS – MOTHER: _____
Cell Work

PLEASE LIST ANY SIGNIFICANT CHANGES IN YOUR FAMILY SINCE LAST SCHOOL YEAR (if applicable):
For example – births of additional children, adoptions, parents' separation or divorce, physical or emotional trauma experienced by student, etc.

PERSON TO NOTIFY IN THE EVENT OF AN EMERGENCY (other than parent):

Name Phone Number

PHYSICIAN TO BE CALLED IN THE EVENT OF A MEDICAL EMERGENCY:

Name Phone Number

We, as parents or guardians, fully understand the requirements and regulations of the school and the Southern Union Conference of Seventh-day Adventists, and pledge our full support and cooperation.

Name of Father or Guardian (circle one) Date

Name of Mother or Guardian Date