

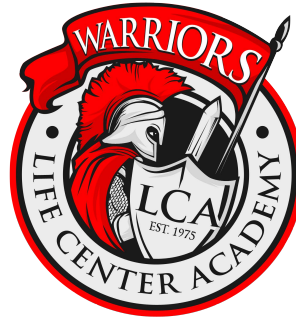
LIFE CENTER ACADEMY

2045 COLUMBUS ROAD

BURLINGTON, NJ 08016

609-499-2100 (PHONE) 609-499-4905 (FAX)

WWW.LCANJ.ORG



APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Student's Name: _____

Last

First

Middle

Student's Current Address: _____ Apt.: _____

Street

_____ Home Telephone #: _____

City

State

Zip

Student's Date of Birth: _____ M _____ F _____

Student is Applying for Grade: _____ For School Year: 20____-20____

Applicant's Current Grade: _____

Current School Information: _____ Telephone: _____

Name

City

State

Zip

Please list schools attended:

Name of School

City and State

Dates Attended

Public School District where student resides: _____

City

State

OFFICE USE ONLY

_____ Paid App Fee _____ Paid Reg Fee _____ Parental Visit _____ Student Visit

Church now Attending: _____

Address: _____

Pastor: _____

Has the applicant ever repeated a grade: Yes _____ No _____

If yes, explain: _____

If any of the following questions are answered in the affirmative, please explain fully on a separate sheet.

Has student ever received an in-school or out-of-school suspension? Yes No

Has student ever been placed on probation at any school? Yes No

Has student ever been expelled or asked to withdraw from any school? Yes No

Has student ever been arrested or encountered any form of conflict with civil authorities? Yes No

Has student ever used illegal narcotics, tobacco or alcohol, or abused any other substances? Yes No

Has student ever encountered any other form of disciplinary action in school? Yes No

Has the student ever received counseling for personal, family, or event-oriented issues? Yes No

Has the student ever been recommended for retention Yes No

Does the student have any of the following? (Please circle all that apply)

- Learning disability Speech evaluation
- Psychological evaluation I.E.P
- Remediation report Any other individual test (please explain)

***If the student has ever received any of the above mentioned tests, please include a copy of the complete assessment with this application.**

Does your child support the decision to apply to LCA? _____ Yes _____ No

Please check if your child is interested in the following programs: _____ Soccer _____ Cross Country

_____ Volleyball _____ Basketball _____ Cheerleading _____ Baseball/Softball

_____ Instrumental Music _____ Vocal Music _____ Drama

PARENT INFORMATION

Father/Guardian's Name in Full _____ Living: Yes No

Spouse's Name (If remarried) _____

Occupation: _____

Name of Employer: _____

Work Telephone #: _____ Cell Phone #: _____

Email Address: _____

Home Address: (if different from applicant) _____

Street

City

State

Zip

Education Completed: Grade School High School College

College Degrees Earned: _____

Name of Last College Attended: _____

Mother/Guardian's Name in Full _____ Living: Yes No

Spouse's Name (If remarried) _____

Occupation: _____

Name of Employer: _____

Work Telephone #: _____ Cell Phone #: _____

Email Address: _____

Home Address: (if different from applicant) _____

Street

City

State

Zip

Education Completed: Grade School High School College

College Degrees Earned: _____ Name of Last College Attended: _____

Please list two neighbors or nearby relatives, and how related (grandparent, friend, aunt, uncle, etc.), who will assume temporary care of the Applicant if the parent or guardian cannot be reached.

1. Name: _____ Relationship _____
Address: _____
Home Telephone #: _____ Cell #: _____
2. Name: _____ Relationship _____
Address: _____
Home Telephone #: _____ Cell #: _____

ADDITIONAL FAMILY INFORMATION

Applicant resides with: Both Parents Father Mother Guardian

If parents are divorced or separated, who has legal custody of the applicant? _____

Is the Non-custodial parent to receive correspondence? Yes No

Who is financially responsible for the applicant's education? _____

Applicant's primary language: _____

Languages spoken in applicant's household: _____

PARENT QUESTIONNAIRE:

Please describe your child's personality, interests or talents: _____

Are there any factors that you would like to share with us that have had an impact on your child's academic or social progress to date, such as health, learning challenges, or changes of home, school, or family situation?

Is there anything else you would like Life Center Academy's Admission Committee to know about your child?

"Why I want my student at Life Center Academy" _____

BASIS OF INTEREST IN LIFE CENTER ACADEMY

How did you learn of Life Center Academy? (Check any or all that apply)

_____ Referred by (school family name) _____

_____ Website _____ Newspaper Article _____ Yellow Pages _____ Radio Publicity

_____ Preschool Notice _____ Church Notice _____ Other

PARENT & APPLICANT AGREEMENT

In signing this application I agree that:

- All of the information provided is accurate and complete
- I agree with the school's Statement of Faith and Purpose and will adhere to the same standards of moral conduct to which LCA students are held as detailed in the Student Lifestyle Statement
- My child will follow the rules stated in the Student/Family Handbook
- My child will go on scheduled field trips and other school activities
- The Administration and Faculty have full discretion and support in the classroom discipline of my child
- LCA reserves the right to dismiss any child that does not cooperate with the educational process
- I will see that my child wears the standard school uniform
- I have read the financial policy and will make payments at the appropriate time
- My child's or family's image may be included in LCA photography, publications, website, school Facebook page etc.
- I understand that any matter of dispute between my student or family with LCA will be resolved with Christian conflict resolution, mediation, or arbitration. Under no circumstances will I seek monetary or physical damages from the faculty/staff and/or Board of Directors.
- I understand that if any information has been omitted or falsified on the application or in the Family Interview process, my child's acceptance to LCA will be in jeopardy.
- In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the medical information form and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Father's Name (print)

Mother's Name (print)

Father's Signature

Mother's Signature

Name of Guardian (print)

Student's Name (print)

Signature of Guardian

Student's Signature

LIFE CENTER ACADEMY

VOLUNTEER QUESTIONNAIRE

PLEASE FILL OUT & RETURN

School Year: _____

Name of Students(s): _____ Grade(s): _____

Name: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

I am interested in helping with or would like more information about the following areas:

- Parent Teacher Fellowship Committee _____
- Serving lunches _____
- School Library _____
- Concessions at athletic events _____
- Images Theatre Arts Department _____
- Used uniform program _____
- Book Fairs _____
- Teacher Appreciation Luncheon _____
- Please contact me – I have other talents I would like to share _____