

# APPLICATION FOR ADMISSION

Attach  
Recent  
Photo

Life Christian Academy  
6801 S Anderson Road  
Oklahoma City, OK 73150  
(405) 737-4902

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_  
Grade \_\_\_\_\_  
Application fee \_\_\_\_\_  
Status \_\_\_\_\_  
Date \_\_\_\_\_

Applicant \_\_\_\_\_  
Last First Middle Name Used Social Security #  
(Please print name exactly as it should appear on all permanent records.)

Current grade \_\_\_\_\_ Applying for grade \_\_\_\_\_  Male  Female Race \_\_\_\_ Birth Date \_\_\_\_\_

Name of parents or guardians \_\_\_\_\_

Present address \_\_\_\_\_

City State Zip+4 Home Phone  
Applicant lives with (check all that apply): Check any that apply: Applicants:  
 Mother  Stepmother  Other  Father is deceased  Parents are divorced  
 Father  Stepfather  Other  Mother is deceased  Parents are separated

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

School applicant currently attends or last attended \_\_\_\_\_

Name School District

Address City State Zip Code Phone

Siblings' names, ages, and schools attending \_\_\_\_\_

Do you plan to enroll any of the above in LCA? \_\_\_\_\_

Name of relatives, if any, now or previously at LCA: (Please state relationship and/or grade)

We first learned of LCA through: (please check only two)

Student(s) currently enrolled  Alumni  Catalog on private schools  Minister  Newspaper or magazine  
 Parents of LCA student  Telephone Book  Other

The two factors most influencing us to apply to LCA: (Please check only two)

Location  Academic reputation  Christian philosophy  Strength of extracurricular programs  
 Displeasure with the public schools  Desire to attend private school  
 Recommendations of LCA family : Family's Name \_\_\_\_\_

**FAMILY'S CHURCH** \_\_\_\_\_ City/State \_\_\_\_\_ No. of years \_\_\_\_\_

Please check the appropriate boxes:

Applicant attends church regularly  Parents attend church regularly  
 Belongs to church's youth group  Applicant attends Sunday school

References: Please list the name, address and phone number of a pastor who knows you and of a family (preferably a LCA family) who knows you well. Do not list relatives.

Pastor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family friend \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Has the applicant ever been retained?  yes  no *(If yes, please explain.)*

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Has the applicant ever been tested or received special help for a reading or learning difficulty?  
 yes  no *(If yes, please discuss the results and include a copy of the report.)*

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Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g. resource room, LD placement, attention deficit, etc.)?  yes  no *(If yes, please explain.)*

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Does the applicant regularly require any medication?  yes  no *(If yes, please explain.)*

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To Parents or Guardians: Please make a full statement explaining why you want to enroll this student.

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To Parents or Guardians: Please make a full statement describing your personal Christian experience and faith.

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**NOTICE OF NON-DISCRIMINATORY POLICY FOR STUDENTS**

Life Christian School admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.