

Laconia Christian Academy

1386 Meredith Center Rd. • Laconia, NH 03246 • (603) 524-3250 • Fax: (603) 524-3285



NEW STUDENT APPLICATION

School Year: _____

For parents or guardians of students enrolling in all grades—preschool through grade 12; complete one application per child.

1 Applicant's Full Name: _____
Last First Middle Preferred first name
Applying for grade: _____ Date of birth: ____/____/____ Place of birth: _____ Male Female
Citizenship: _____ Ethnicity (optional): _____ Language(s) spoken in home: _____

2 Previous or present school: _____ () _____ () _____
Name of school Phone Fax
Address _____
Street number or P.O. Box City State Zip

3 Church affiliation: _____ () _____
Name of church Phone Pastor
Address _____
Street number or P.O. Box City State Zip

4 Applicant's mailing address:
Address 1 _____
City _____
State/Zip _____

5 Applicant's residential address (if different):
Number/ Street/ Apt. _____
City _____
State/Zip _____

6 ■ Applicant lives with: (check all that apply) Father Mother Stepfather* Stepmother* Other* _____
■ Please send admissions correspondence to: Father Mother Stepfather* Stepmother* Other* _____
■ Please send bills to: Father Mother Stepfather* Stepmother* Other* _____
* If other than "Mother" or "Father" on any of the above, state name and contact information here:
Name: _____ Relationship: _____
Home phone: () _____ Work phone: () _____ Mobile phone: () _____

7 Father's name: _____
Marital status: Married Separated Divorced Single Remarried
Mailing address (if different from applicant):
Address 1 _____
City _____
State/Zip _____
Home phone: () _____ Mobile phone: () _____
Email address: _____
Occupation/ Title: _____
Name of business: _____
Work phone: () _____

8 Mother's name: _____
Marital status: Married Separated Divorced Single Remarried
Mailing address (if different from applicant):
Address 1 _____
City _____
State/Zip _____
Home phone: () _____ Mobile phone: () _____
Email address: _____
Occupation/ Title: _____
Name of business: _____
Work phone: () _____

9 Siblings: (Please list all siblings currently living in same household)
■ Name: _____ Age: _____ Enrolling? _____
■ Name: _____ Age: _____ Enrolling? _____
■ Name: _____ Age: _____ Enrolling? _____

