



# Laconia Christian Academy

## ADDITIONAL QUESTIONS FOR PARENTS

For parents or guardians of students enrolling in grades 1 through 12 (preschool parents please use Form B). Complete one statement per child.

1. How did you hear about Laconia Christian Academy?

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2. How can Laconia Christian Academy meet the needs of your child?

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3. Is the applicant currently involved in any special programs or receiving any special services from your school district?  Yes  No From a private source?  Yes  No

- Chapter One     Speech therapy     Reading Recovery     Gifted Education/ Enrichment  
 Physical therapy     Special education     Other \_\_\_\_\_

If so, please provide documentation of testing done to qualify the applicant and/or a copy of most recent IEP.

4. Has the applicant been suspended, dismissed, or withdrawn from school for any reason or been in any other disciplinary or legal difficulty outside of school?

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5. Does your child take medication?  Yes  No

If "Yes," explain: \_\_\_\_\_  
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6. LCA provides some assistance to qualifying families. Do you anticipate a need for financial aid?  Yes  No

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_