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



PARENT STATEMENT

For parents or guardians of students enrolling in grades 1 through 12 (preschool parents please use Form B). Complete one statement per child.	
Name of applicant:	Applying for grade:
Parents of applicants are encouraged to use this form to wrishare any information that you feel will help the Admissions daughter. It is of critical importance that you discuss particul understanding of your child. It is also helpful for the Admission child grow and develop as a student at Laconia Christian A tance for his or her success.	Committee become better acquainted with your son or lar strengths and weaknesses with us so we gain a bette ons Committee to hear about how you hope to see your

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? 2. How can Laconia Christian Academy meet the needs of your child? 3. Is the applicant currently involved in any special programs or receiving any special services from your school From a private source? ☐ Yes ☐ No ☐ Speech therapy Reading Recovery Gifted Education/ Enrichment ☐ Chapter One 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 Has the applicant been suspended, dismissed, or withdrawn from school for any reason or been in any other discipinary or legal difficulty outside of school? Yes ☐ No **5.** Does your child take medication? If "Yes," explain: _____ Parent/ Guardian signature: _____ Date: _____