



Application for Re-Enrollment

Date: ___/___/___

2017-2018

This application is for students presently enrolled who desire to return to LFCA for the 2017-2018 academic year.

Send/Return/Mail this form to the Academy Office by May 1st with \$100 re-enrollment fee.

REQUIRED

Name: _____ Gender (Circle One): M/F Home Phone: _____

Home Address: _____ City: _____ Zip/Postal Code: _____

Age: _____ Birth Date: ___/___/_____

Father's Work Phone: (____) _____ Mother's Work Phone: (____) _____ Emergency Phone: (____) _____

"I understand the rules, policies, and expectations at LFCA and agree to abide by these; I know these policies are available to me upon request, and that they were explained to me at time of enrollment.

NOTE: If the Academy does not receive this form with \$100 re-enrollment fee, student may not be permitted to return to school for the 2017-2018 School Year. One form is required for each student.

Parent Signature

___/___/_____
Date