

Lakeland Christian Academy ~ Student Information Form

<u>First Parent</u>			
Name:		Lives w/student: ___ Yes ___ No	
Address:			
City:		State:	Zip:
Home Phone # ()	Cell Phone # ()	Social Security #:	
Company/Employer Name:			
Address:		City:	State: Zip
Work Phone #: ()	Second Work Phone # ()		
Reference Source: How did you hear about our school?			
Parent Roster: May we include you on our parent roster? () Yes () No			
<u>Second Parent</u>			
Name:		Lives w/student: ___ Yes ___ No	
Address (if difference from Parent 1)			
City:		State:	Zip
Home Phone # ()	Cell Phone # ()	Social Security #:	
Company/Employer Name:			
Address:		City:	State: Zip:
Work Phone #: ()	Second Work Phone # ()		

<u>Child</u>			
Name:		Sex: (M / F)	Date of Birth: ___/___/___
Address (if difference from parent's address above)			
City:		State:	Zip
Home Phone #:()		Social Security #:	
Fluently Speaks English: () Yes () No			
Fluently Speaks Other Language, specify: _____			
Admittance Date: / /		Enrollment Date: / /	Group: Catagory: Class:

<u>Medical Information</u>			
Physician:		Phone# ()	Alternate Phone: ()
Address:		City:	State: Zip:
Dentist:		Phone# ()	Alternate Phone: ()
Address:		City:	State: Zip:
Preferred Hospital			
Insurance Provider: _____		Policy #: _____	Phone #: () _____
Medical Form on File: () Yes () No Effective Date: ___/___/___/ Expires ___/___/___			

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Emergency Contact/Authorized Pick-up People

Contact (1) Name: _____
Address: _____ City, State, Zip _____
Phone # () _____ Second Phone # () _____ Relationship to Child: _____
Emergency Contact: () Yes () No Authorized to Pick Up: () Yes () No

Contact (2) Name: _____
Address: _____ City, State, Zip _____
Phone # () _____ Second Phone # () _____ Relationship to Child: _____
Emergency Contact: () Yes () No Authorized to Pick Up: () Yes () No

Contact (3) Name: _____
Address: _____ City, State, Zip _____
Phone # () _____ Second Phone # () _____ Relationship to Child: _____
Emergency Contact: () Yes () No Authorized to Pick Up: () Yes () No

Contact (4) Name: _____
Address: _____ City, State, Zip _____
Phone # () _____ Second Phone # () _____ Relationship to Child: _____
Emergency Contact: () Yes () No Authorized to Pick Up: () Yes () No

Contact (5) Name: _____
Address: _____ City, State, Zip _____
Phone # () _____ Second Phone # () _____ Relationship to Child: _____
Emergency Contact: () Yes () No Authorized to Pick Up: () Yes () No

PARENT'S ACKNOWLEDGEMENT

The information provided on this form is true to the best of my knowledge. I am this child's parent or legal guardian.

Signature of Parent/Legal Guardian

Date