Re-Enrollment for Admission Information

Laguna Madre Christian Academy

Date of Application_____ Grade Entering_____

Name of Student_____ Home Phone_____
Last First Middle

Name student prefers to be called_____ Last school attended_____

Mailing address_____
Street City State Zip

Student lives with _____ Both Parents _____ Mother _____ Father _____ Guardian

Date of Birth _____ Age _____ (as of Sept. 1) Sex _____

Father's Name _____ Employer _____

Mailing address (if different from student) _____
Street City State Zip Code

Business Address _____
Street City State Zip Code

Business Phone_____Cell Phone_____ Position/Occupation_____

Mother's Name_____ Employer _____

Mailing address (if different from student) _____
Street City State Zip Code

Business Address _____
Street City State Zip Code

Business Phone_____ Cell Phone_____ Position/Occupation_____

Marital Status: Married_____ Divorced_____ Separted_____ Widowed_____ Remarried_____

Guardian's Name_____ Employer _____

Mailing address (if different from student) _____
Street City State Zip Code

Business Address _____
Street City State Zip Code

Business Phone_____Cell Phone_____ Position/Occupation_____

Brother(s) and/or Sister(s) _____ Age_____

_____ Age_____

_____ Age_____

Church now attending_____ Member? Yes / No Active? Yes / No

I, the undersigned, have given correct and complete information on the requested answers, and I agree to inform Laguna Madre Christian Academy if the status of any of the above items changes during the current school term.

_____ _____
Parent/Guardian signature Date