

**2020-2021 Re-Enrollment for Admission Information  
Laguna Madre Christian Academy**

Date of Application \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name of Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Name student prefers to be called \_\_\_\_\_ Last school attended \_\_\_\_\_  
Last First Middle

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 \_\_\_\_\_

e-mail address \_\_\_\_\_

**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 \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Remarried \_\_\_\_\_

e-mail address \_\_\_\_\_

**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