



Application for Admission

LEXINGTON CHRISTIAN ACADEMY

To be completed by parent or guardian.

■ Applicant Information

Female Male

Name _____
First Middle Last Preferred Name

Home Address _____
Street City State Zip Telephone ()

Birthdate ____/____/____ Place of Birth _____ Citizenship: _____
MM DD YYYY

Current Grade _____ Applying for Grade: 6 7 8 9 10 11 12 in September _____
Year

First Language _____ Language(s) spoken at home _____ Will you require ESL/EFL support? No Yes

Will you require an I-20? No Yes (if Yes, please complete the International Student Information Form)

■ School Information

Name of current school _____

Address _____ Telephone () _____

Names of other schools attended in past two years _____

■ Parent / Guardian Information

Father's Name _____ Title _____ Preferred Name _____

Home Address (if different) _____
Street City State Zip

Home Phone () _____ Cell Phone () _____ Email _____

Occupation _____ Company _____

Business Address _____ Business Phone () _____

Mother's Name _____ Title _____ Preferred Name _____

Home Address (if different) _____
Street City State Zip

Home Phone () _____ Cell Phone () _____ Email _____

Occupation _____ Company _____

Business Address _____ Business Phone () _____

Student resides with: Both parents Mother Father Guardian Other please explain _____

All correspondence should be sent to: Both parents Mother Father Guardian Other _____

Names and ages of applicant's siblings _____

■ Faith Affiliation

Faith affiliation _____ Denomination _____
Name of church _____ Pastor's name _____
Address _____ Youth pastor's name _____

■ Optional Information

Ethnic Origin (please check all that apply): American Indian / Native American Asian / Pacific Islander
 Black / African-American Caucasian / Anglo-American Latino/a
 Middle Eastern Other Please specify _____

Disabilities: Learning disability Developmental disability
 Speech or language impairment Hearing impairment Visual impairment
 Emotional impairment Physical impairment Other
Please specify _____

Has your child ever received or been recommended for support services? If yes, please indicate what services were provided or recommended.

■ Financial Aid & Scholarships

Check if you wish to apply for financial aid. Check if you wish to apply for scholarships.

■ Fees

Person responsible for all fees _____
Address, if different from above _____

■ Application Fee

Please enclose a nonrefundable \$50 application fee, made payable to Lexington Christian Academy.

■ Parent/Guardian Signature – Required

The information provided here is complete and accurate. I acknowledge my child's application materials are confidential and will not become a part of their permanent student record. I waive my right of access to confidential information in my child's admission file.

Signature of Parent/Guardian _____ Date _____ Printed Name _____

■ Student Signature – Required

All information submitted with this application is complete and accurate. The written answers represent my own work.

Signature of Student _____ Date _____ Printed Name _____

The Academy continues our historic policy of nondiscriminatory admission of students. We admit students of any race, color, religious affiliation, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school. Questions should be directed to the Head of School.

LCA Admissions :: 48 Bartlett Avenue, Lexington, MA 02420 :: Tel. 781-862-7850 :: Fax 781-863-8503 :: admissions@lca.edu :: LCA.EDU