

# LANDENBERG CHRISTIAN ACADEMY ADMISSION APPLICATION

Academic Year: \_\_\_\_\_

## APPLICANT INFORMATION

Applying for Grade \_\_\_\_\_

**For Pre-K Only:**  AM Class (T/W/Th, 8:30am-11:30am)  AM Class (M-F, 8:30am-11:30am)

Full Day (T/W/Th, 8:30am-3pm)  Full Day (M-F, 8:30am-3pm)

**For Pre-K Morning Only:** Enrolling in Lunch Bunch (11:30-12:30)  Yes  No

Applicant's Name \_\_\_\_\_  
*Last First Middle Preferred Name*

Sex:  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
*Street City*

\_\_\_\_\_  
*State Zip Code Telephone Number School District (PA Applicants Only)*

Interested in Before Care? (7:40am-8:10am)  Yes  No

Interested in bus transportation through my school district (Pennsylvania K-6th Applicants Only):  Yes  No

Applicant resides with:  Both Parents  Mother  Father  Legal Guardian  Other \_\_\_\_\_

## PARENT / LEGAL GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
*Last First Title Last First Title*

Preferred Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
*(If different from applicant's) (If different from applicant's)*

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
*(If different from applicant's) (If different from applicant's)*

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Place of Business \_\_\_\_\_ Place of Business \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parents' Marital Status:  Married  Separated  Divorced  Parent(s) Deceased  Single

### CHECK ANY THAT APPLY:

Legal Custody?  Father  Mother  Guardian  Other \_\_\_\_\_  
Financial Responsibility?  Father  Mother  Guardian  Other \_\_\_\_\_  
Receive Mail?  Father  Mother  Guardian  Other \_\_\_\_\_

Additional Information: \_\_\_\_\_

Siblings	Date of Birth	Age	School	Current Grade

Is a language other than English spoken in your home?  Yes  No *If yes, what language* \_\_\_\_\_

Please indicate how you heard about Landenberg Christian Academy:

LCA Parent \_\_\_\_\_  Friend  Newspaper \_\_\_\_\_  
*Name(s)* *Name(s)*  
 Magazine \_\_\_\_\_  Website  Other \_\_\_\_\_

### SCHOOL INFORMATION

Present School:  Public  Charter  Independent/Private  Home School  Not Applicable

Dates of Attendance \_\_\_\_\_

Present School Name \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Present Teacher(s): \_\_\_\_\_

What are your child's favorite school subjects and/or activities? \_\_\_\_\_

*(Please complete if child has attended his/her present school for less than 2 years)*

Name of Previous School \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Grades Completed \_\_\_\_\_

### APPLICANT INFORMATION

If you answer yes to any of the questions below, please give detailed explanation on a separate sheet of paper and attach it to this application. Has your child ....

#### Academic Needs:

Repeated a grade in school?  Yes  No

Attended a remedial summer school program?  Yes  No

Been diagnosed as having ADD or ADHD? (Documentation Required)  Yes  No

Been referred for educational diagnostic testing?  Yes  No

Received any educational diagnostic testing? (Documentation required)  Yes  No

Testing Through Public School?  Yes  No Testing Through Private Evaluator?  Yes  No

Name of Evaluator \_\_\_\_\_

Received any educational support services?  Yes  No

**Discipline:**

- Had disciplinary challenges at school?  Yes  No
- Been suspended from school?  Yes  No
- Been assigned to alternative school?  Yes  No
- Been expelled from school?  Yes  No

**Special Interests:**

- Shows special abilities or interest in art or music?  Yes  No
- Shows special abilities or interest in speech or drama?  Yes  No
- Shows special abilities or interest in athletics?  Yes  No
- Attended an enrichment summer school program?  Yes  No

**Other:**

Does your child’s health limit or interfere with the normal performance of everyday activities, including class work, athletics, or other duties?  Yes  No *If yes, please explain below.*

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Has your child experienced any difficulties, challenges, or personal setbacks in recent years? \_\_\_\_\_

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Please explain why you want your child to attend Landenberg Christian Academy, including any expectations you have of the school in regard to educating your child.

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Please provide your personal testimony:

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Has applicant applied to Landenberg Christian Academy previously?  Yes  No *If yes, what year(s) \_\_\_\_\_*

Church Attending (*optional*) \_\_\_\_\_

*Preschool, Pre-Kindergarten and Kindergarten Applicants Only*

Children grow in many ways during their early years (physically, emotionally, cognitively, socially), and not all children develop at the same rate. Some children may benefit from taking an extra year before entering Landenberg Christian Academy’s kindergarten or first grade, even though they will have reached the chronological age of five for kindergarten or six for first grade. In light of this, have you ever considered giving your child another year before entering kindergarten or first grade? Why or why not?

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## FINANCES

Landenberg Christian Academy offers need-based tuition assistance on the basis of demonstrated and documented need. Tuition Assistance is evaluated on a year-to-year basis. Applicants must complete the admission process and be offered an enrollment space before an application for financial aid can be acted upon by the Financial Aid Committee.

Landenberg Christian Academy does not take the intent to apply for financial aid into consideration when making admission decisions.

More detailed information is available on Tuition Assistance once acceptance is granted into LCA.

## ADMISSION DECISIONS

Families can expect one of three decisions by the school :

*Acceptance:* Applicant approved for admission and offered an enrollment space.

*Denial:* Applicant not approved for admission.

*Wait Pool:* Applicant approved for admission and considered for placement when space becomes available.

## STATISTICAL INFORMATION

The following information will be used for statistical purposes only. Please indicate applicant's ethnicity/race. If these categories do not reflect our child's ethnicity, please feel free to check the "other" box and fill in the correct information.

Applicant's Ethnicity/Race (*please check one*):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> African American        | <input type="checkbox"/> Asian American       | <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Middle Eastern American | <input type="checkbox"/> Multiracial American | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____     |

## APPLICATION CHECKLIST

- Completed application
- Copy of birth certificate
- Transcript release form for each applicant
- Non-refundable application fee

## PARENT SIGNATURE

All information and documentation obtained during the admission process becomes the property of Landenberg Christian Academy and is considered confidential between Landenberg Christian Academy and the source of the information. I understand that Landenberg Christian Academy seeks to admit only students whose educational needs it has the resources to meet and that Landenberg Christian Academy does not discriminate in admission on the basis of race, color, creed, or ethnic or national origin. The information provided on this application is accurate and complete, and I have not intentionally withheld or misrepresented any pertinent data.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Office Use:*

Date Application Received \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \_\_\_\_\_

# Transcript Release Form

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade \_\_\_\_\_ Current Academic Year \_\_\_\_\_  
(Month) (Day) (Year)

School Releasing Records: \_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip Code*

\_\_\_\_\_  
*Telephone*

## Permission for Release of Records

Parents/guardians: Please complete this form and return it with student application.

I hereby grant permission to \_\_\_\_\_ (*applicant's current school*)  
to release my child's school records to Landenberg Christian Academy.

\_\_\_\_\_  
*Parent/Guardian Signature Date*

**School Administrator**, please release all applicable records:

- Scholastic records
- Standardized test scores (if any)
- Health record
- Attendance information
- Educational evaluations (if any)
- Individualized Education Plans (if any)
- Discipline reports (if any)
- Additional information as may be required

Thank you for your assistance. Please mail this form with the requested records to:

**LANDENBERG CHRISTIAN ACADEMY**  
Admission Office  
PO Box 397  
Kemblesville, PA 19347  
Phone: (610) 255-5805 Fax: (610) 255-5512