

**Attach
Photo
Here**

*new students
only*

**LifePoint Academy of
Seventh-day Adventists**

4298 Livingston Road
Jacksonville, FL 32257
(904) 268-2433

For Office Use Only

Application Date: _____
Amount Paid: _____
Check #: _____ By: _____
Testing Date: _____
SU / MK / AAA / MPK C / NC /
NSDA

2018-2019

APPLICATION FOR ADMISSION

Please fill in every space (if not applicable, mark N/A)

➤ Student Information

Student's First Name _____ Middle _____ Last _____ Grade Entering _____ Gender: Male Female

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Birthplace: City, State, Country _____ Country of Citizenship _____

Church Student Attends _____

Denomination _____

Baptized: Yes No

If Yes, Date of Baptism _____

Racial/Ethnic Group:
(for statistical purposes only)

African American
 Caucasian
 Hispanic
 Asian
 Other _____

Primary Language:

English
 Spanish
 French
 Other _____

Previous School Attended _____ # of Years _____ Grades _____ How did you learn about LPA? _____

➤ Family Information

Marital Status of Natural Parents: Single Married Separated Divorced Widowed

	➤ Parent/Guardian	➤ Parent/Guardian
Relationship to Student	<input type="checkbox"/> Custody <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	<input type="checkbox"/> Custody <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Name		
Address (if different than student)		
City, State, Zip		
Home Phone		
Cell Phone		
Social Security Number		
Work Phone		
E-mail Address		
Company Name		
Company Address		
Occupation		
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baptized SDA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church Membership		

To be considered for admission, the \$50 non-refundable application fee must be returned with this completed application.

➤ Emergency Contact & Pick-Up Information

Please list **ALL** persons who can pick up your student and/or contact in case of an emergency:

➤ Name	➤ Relationship	➤ Home or Cell Phone	➤ Work Phone	➤ Emergency Contact	➤ Pick-Up
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does student have any health conditions that would limit his/her participation? Yes No
 If yes, explain _____

Has student received any special services, special placement and/or an IEP? Yes No
 If yes, explain _____

Has student ever been suspended or dismissed from any school? Yes No
 If yes, explain _____

Has student been evaluated for educational, learning, behavioral, or psychiatric reasons? Yes No
(Please note: Withholding or omitting information may result in the dismissal of student.)
 If yes, please provide a copy of test results and the following:

 Doctor's Name & Phone # _____ Date of evaluation Medication prescribed? Yes No

What special abilities does student have? (i.e., academic, athletic, artistic, musical, special awards) _____

➤ Sibling / Alumni Connections

Does student have any siblings currently attending LifePoint Academy?

➤ Name	➤ Relationship	➤ Grade
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	
	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	

Does student have family members who have attended LifePoint Academy of SDA in the past?

➤ Name	➤ Relationship	➤ Years Attended	➤ Grades

I hereby submit this application for admission of my child to LifePoint Academy of SDA and have truthfully answered all questions. I understand that any false information on this application could be sufficient cause to be denied enrollment or to be dismissed from LifePoint Academy once my child begins attending. I understand my child is not enrolled or guaranteed placement, until accepted by the admissions committee.

Your signature authorizes LPA to request academic and behavioral records and information on your child. Any recommendations and evaluations received as part of the application process will be kept confidential and reviewed only by the Admissions Committee.

 Signature of Parent or Guardian

 Date