



2019-2020 STUDENT APPLICATION PRESCHOOL

P.O. Box 1203, Chehalis, WA 98532 www.lcas.org (360) 748-3213

OFFICE USE ONLY

Application Received Medical Information Immunizations Record New Student Interview	DATE _____ _____ _____ _____	INITIAL _____ _____ _____ _____	Financial Clearance \$____ Registration Fee Financial Clearance	DATE _____ _____ _____	INITIAL _____ _____ _____	New _____ Returning _____ Birth Certificate ____ NAD Student ID# _____	Accepted _____ Denied _____ Date _____
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NEW STUDENTS, PLEASE ATTACH RECENT PHOTO. STUDENT INFORMATION : Incomplete applications will not be accepted.

Last Name	First	Middle	Name Used	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Address-Street/PO Box			City	State	Zip
Birthdate-MM/DD/YY	Birthplace	Citizenship		Home Telephone ()	
Prominent Ethnic Background (for statistical purposes only)		<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (Not of Hispanic Origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____			Contact E-mail
Student living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother/Grandfather <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other, please explain:					

PARENT (GUARDIAN) INFORMATION

Father's Last Name	First	Address	City	State	Zip
Home Telephone ()	Occupation	Employer	Work Telephone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Mother's Last Name	First	Address	City	State	Zip
Home Telephone ()	Occupation	Employer	Work Telephone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Other Parent/Guardian Last Name	First	Address	City	State	Zip
Home Telephone ()	Occupation	Employer	Work Telephone ()	Living Together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Father's Cell: ()	Mother's Cell: ()		Other Cell: ()		
Father's Email:	Mother's Email:		Other Email:		

CHURCH AFFILIATION (for statistical purposes only)

Church Denomination (Father)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Church Denomination (Mother)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Name of other child attending Lewis County Adventist School:	Grade	Name of other child attending Lewis County Adventist School:	Grade
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We, the undersigned, pledge to uphold the policies and principles as outlined in the current Lewis County Adventist School student handbook, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully.

Father/Guardian Signature

Mother/Guardian Signature

Date