



2019-2020
Returning Student
APPLICATION TO ATTEND L.C.A.S.
(360) 748-3213

Student Information			Date: ____/____/____
Full Legal Name of Student: _____		Nickname: _____	
Last	First	Middle	
Birthdate: _____	Age: _____	Baptized: _____	Grade Entering: _____
		(date)	
Home Address: _____			
Street	City		Zip
Mailing Address (If different than above) _____			
Street or P.O. Box		City	Zip
Family e-mail address: _____		Home Phone: _____	
Church Affiliation: (If changed) _____			

Parental/Family Information		Initial if NO changes from last year: _____	
Legal Name of Father (or Guardian): _____		Occupation: _____	
Cell Phone: _____	Work Phone: _____	Place of Work: _____	
Church Affiliation: _____		Local Church: _____	
Father's e-mail address: _____			
Legal Name of Mother (or Guardian): _____		Occupation: _____	
Cell Phone: _____	Work Phone: _____	Place of Work: _____	
Church Affiliation: _____		Local Church: _____	
Mother's e-mail address: _____			

Pledge of Cooperation, Support, and Responsibility		
<p>We, the undersigned, pledge to uphold the policies and principles as outlined in the current Lewis County Adventist School Student Handbook. We pledge to cooperate with the administration and staff in regards to the rules, regulations, and procedures established by the school. To the best of our knowledge, the questions on this application are answered completely and truthfully.</p>		
_____ Student Signature	_____ Father/Guardian Signature	_____ Mother/Guardian Signature