



**2019-2020  
STUDENT APPLICATION  
KINDERGARTEN – 10<sup>TH</sup> GRADE**



2102 S. Scheuber Rd. Chehalis, WA 98532

www.lcas.org

(360) 748-3213

**OFFICE USE ONLY:**

*Incomplete applications will not be accepted.*

Application Received	DATE	INITIAL	Financial Clearance	DATE	INITIAL	New	Accepted	
Recommendations	1 2 3			\$ ___ Registration Fee			Returning	Denied
Medical Information				Financial Clearance				Date
Immunizations Record							Birth Certificate	NAD Student ID#
New Student Interview							Cumulative Student File Requested	Date
Entrance Test								

**NEW STUDENTS, PLEASE ATTACH RECENT PHOTO. STUDENT INFORMATION**

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 ( )		Contact E-mail
Prominent Ethnic Background (for statistical purposes only)		<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian (Not of Hispanic Origin) <input type="checkbox"/> Other	
Has the student ever been recommended for special education? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain on reverse.					
Has the student ever had an Individualized Education Plan (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes					
School Attended Last Year	Address of Previous School (if not LCAS)		Telephone No.(if not LCAS) ( )	Grade level last year	
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**

Church Denomination (Student)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of Baptism:
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 AND FINANCIAL INFORMATION**

Name of other child attending Lewis County Adventist School:	Grade	Name of other child attending Lewis County Adventist School:	Grade
Do you have an unpaid account at another SDA school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give name and address of school:			

*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.*

Student Signature \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_