



LAKELAND CHRISTIAN ACADEMY

Box 8397, 1402 10 Street, Cold Lake, AB, T9M 1N2 Phone: 639-2077 Fax: 639-4151

www.lakelandchristianacademy.com

STUDENT APPLICATION

Date of Application _____

Student Information

Name of Student

Surname Given Names in full

Student Address

City _____

Province _____ Postal Code _____

Phone # _____

Email _____

Student lives with: Father & Mother Father Mother Other

If other, explain: _____

Sex: Male Female Birthdate: _____ (Month) ____ (Day) ____ (Year)

Name of most recent school or home school _____

School Jurisdiction _____ Phone _____

Address _____ Fax _____

Last Grade Completed _____ Date Left _____

Present Age _____ Desired Entry Date (M)____ (D)____ (Y)_____

Alberta Education requires documentation on every student's cumulative file relating to the Residents Board that school taxes are allocated to. Please indicate to which school tax jurisdiction your property taxes are paid.

LAKELAND CATHOLIC SCHOOL DISTRICT

NORTHERN LIGHTS SCHOOL DISTRICT

FNMI Status

Please indicate if you are a member of one of the following native status groups:

- Status Indian/First Nations**
- Non Status Indian/First Nations**
- Métis**
- Inuit**

Family Information

Father/Guardian

Surname _____ Given Name _____

Marital Status: _____

Street Address _____

City _____

Province _____ Postal Code _____

E-mail Address _____

Home Phone # _____ Cell # _____

Occupation _____

Employer Name _____

Address _____

Phone # _____

Mother/Guardian

Surname _____ Given Name _____

Marital Status: _____

Street Address _____

City _____

Province _____ Postal Code _____

E-mail Address _____

Home Phone # _____ Cell # _____

Occupation _____

Employer Name _____

Address _____

Phone # _____

How did you hear about L.C.A.? _____

Reason for selecting L.C.A.? _____

Scholastic Information

Has the student failed any grade? Yes No

If yes, what grade? _____

Explain _____

Please indicate academic level of pupil's previous work:

Excellent Good Average Poor

Has the student ever been expelled, dismissed, suspended or refused admission to another school?

Yes No

If yes, please explain. _____

Has the student had any disciplinary difficulties? Yes No

If yes, please explain _____

Has the student ever been in trouble with the law, arrested, etc.? Yes No

If yes, please explain _____

Medical Information

Please state any medical conditions (e.g. allergies/asthma) that L.C.A. should be aware of:

AHC# _____

Are your child's immunizations current? Yes No

Family Physician: _____ Phone _____

First Emergency Contact:

Name Home Phone #

Employer Work Phone # Relationship to student

Second Emergency Contact:

Name Home Phone #

Employer Work Phone # Relationship to student

Christian Faith

Church Attending: _____

Pastor: _____

Church Address: _____

Phone #: _____

Number of Years Attending: _____

If less than 1 year, list previous Church: _____

Family Attends Church Weekly Semi-Weekly Monthly

Father Born Again Christian?: Yes No

Mother Born Again Christian?: Yes No

Has the student made a profession of faith in Christ? Yes No

Parent Questionnaire

1. In what ways do you expect that your son or daughter will benefit from an education at L.C.A.?

2. In what ways do you expect that your son or daughter will contribute to the life of the school?

3. What special talents or skills does your child have? Please give examples.

4. Are there any influences at home or at his/her present school that may initially negatively influence your son's or daughter's performance at L.C.A.?

5. Are there any further comments regarding your son/daughter/family information that you wish to make?

6. Do you or your family have any previous connections with L.C.A.?

Student Questionnaire

- Students applying for Grades K - 4 should answer questions 1 - 8 (with parent's help)
- Students applying for Grades 5 - 8 should answer questions 1 - 10
- Students applying for Grades 9 - 12 should answer all questions.

1. What do you enjoy most about the Church activities you attend? (S.S., Youth, Kids Club, etc.)

2. What are your favourite books?

3. What are your favourite school subjects?

4. What sports do you most enjoy?

5. List any out-of-school lessons or special programs or activities in which you are involved.

6. Who is your hero? Why?

7. What chores do you perform regularly at home?

8. What activities do you like to engage in during your leisure time?

9. List your extra-curricular involvements in your present school.

10. List your favourite T.V. programs and musical groups/performers.

11. Describe your creative talents and how you express them.

12. Are you involved in any community service programs? Please specify.

13. Describe any special academic, athletic or leadership awards or honours you have won.

14. List areas of ministry involvement in your church.

THIS SECTION TO BE COMPLETED BY ALL STUDENTS APPLYING FOR GRADES 5 THROUGH 12.

Write a brief personal testimony of what God is doing in your own life.

Ruled lines for writing a personal testimony.