



**STUDENT REGISTRATION FORM:
Grades K – 12**

Applying for **GRADE:** _____ (in YEAR 2017-2018)

STUDENT'S LEGAL LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PREFERRED / AKA _____ DATE OF BIRTH _____

STREET ADDRESS _____ APT# _____ CITY _____ STATE & ZIP CODE _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____ APT# _____ CITY _____ STATE & ZIP CODE _____

HOME TELEPHONE NUMBER _____ CELL PHONE (include area code) _____ COUNTY OF RESIDENCE _____

PARENT/GUARDIAN INFORMATION (check the YES BOX if you are an emergency contact.)

PARENT/GUARDIAN 1 Yes _____	PARENT/GUARDIAN 2 Yes _____
NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
HOME PHONE: _____	HOME PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
Email Address: _____	Email Address: _____

DOES THE STUDENT HAVE SIBLING(S) CURRENTLY ATTENDING LAKE LURE CLASSICAL ACADEMY? _____

If yes, list name(s) _____

IS THIS STUDENT A TWIN? _____ **IF YES, LIST TWINS FULL NAME** _____

How did you learn about LLCA? _____

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____

Upon acceptance you will receive some paperwork to complete and return to the school to secure your child's placement.
Paperwork will be mailed out after the due date March 31, 2017.

Application Mailing Address: P.O. BOX 6, Lake Lure, NC 28746 Tel: (828) 625-9292 Fax: (828) 625-9298 Email Address:
lbarnes@llca.school