LAKE LURE
Classical Academy
A Challenge Foundation Academy

STUDENT REGISTRATION FORM:
Grades K – 12

Applying for **GRADE**: _____ *(in YEAR 2018-2019)*

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.

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