

Lake Lure Classical Academy 2017-2018 Information for Enrollment

Students Name: _____
(last) (first) (middle)

Date of Birth: ____ / ____ / ____ Gender: ____ Male ____ Female

Race: ____ (AM) American Indian or Alaska Native
____ (AS) Asian
____ (BL) Black or African American
____ (PI) Native Hawaiian or Other Pacific Islander
____ (WH) White

Federal Ethnicity: Is this student Hispanic or Latino? ____ Yes ____ No

Medical Information: Allergies:

Other Medical Alerts:

Childs Current School: _____

Does your child have an IEP? ____yes ____no
Does your child have a 504 plan? ____yes ____no
Has your child ever been retained? ____yes ____grade retained ____no
Has your child ever been suspended from school? ____yes ____no
If yes, reason why: _____

Has your child ever been expelled? ____yes ____no
If yes, reason why: _____

Parent Contacts:
Mothers Name: _____ Fathers Name: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Custody Issues: ____ Yes ____ No
*If custody issues, we need need court documents. This is to help protect our students.
Parent Signature: _____ Date: _____

*****PLEASE RETURN ASAP SO THAT WE CAN FINISH UP ENROLLMENT PROCESS! Without this we cannot schedule your child!*** THANK YOU!**