



**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.)

<b>PARENT/GUARDIAN 1</b> Yes	<b>PARENT/GUARDIAN 2</b> 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