



## Application for Admission 2024-25 School Year

This application must be completed before a student can be considered for admission to LCA. It can be submitted [online](#), by email, or as a hard copy. Hard copies must be mailed or delivered to Lakeview Christian Academy, 122 W Seward Road, Guthrie, OK 73044.

The following items must be submitted with this application. Attach the required items to this application and email to [principal@lakeviewchristianacademy.org](mailto:principal@lakeviewchristianacademy.org) or mail or deliver a hard copy to Lakeview Christian Academy, 122 W Seward Road, Guthrie, OK 73044.

The following must be submitted for all new applicants:

1. Copy of birth certificate
2. Copy of immunization records

The following must be submitted for all new 1st - 6th grade students:

1. A signed copy of LCA's "Student Record Release Authorization" form

The following must be submitted for all 7th -12th-grade students (Bridge Program):

1. Verification of enrollment in online curriculum

**\*\*\*This application is incomplete until all required documents are submitted.\*\*\***

Name of person submitting this application: \_\_\_\_\_

What is your relationship to the student/applicant?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Grandfather    |
| <input type="checkbox"/> Father     | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Stepfather |   |

LCA and Lakeview Church Affiliation

- LCA Staff
- Church Member
- No Affiliation
- Other: \_\_\_\_\_

How did you learn about LCA?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Church       | <input type="checkbox"/> Website                         |
| <input type="checkbox"/> Family       | <input type="checkbox"/> Internet                        |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> School signage while driving by |
| <input type="checkbox"/> Colleague    | <input type="checkbox"/> Other:                          |
| <input type="checkbox"/> Social Media |  |

What two factors most influenced you to apply to LCA? (please select only two)

- Referral
- Location
- Academics
- Christian Philosophy
- Displeasure with local schools
- Desire to attend a private school
- Before and After School Programs
- Other: \_\_\_\_\_

Name of the person who referred to you LCA (optional)

\_\_\_\_\_

**STUDENT INFORMATION**

Select Admission Date

- 2024-25 Fall (August 2024)
- 2024-25 Spring (January 2025)
- Other: \_\_\_\_\_

Select Grade for Admission

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> PreK            | <input type="checkbox"/> 4 <sup>th</sup>                  | <input type="checkbox"/> 9 <sup>th</sup> (Bridge Program)  |
| <input type="checkbox"/> Kindergarten    | <input type="checkbox"/> 5 <sup>th</sup>                  | <input type="checkbox"/> 10 <sup>th</sup> (Bridge Program) |
| <input type="checkbox"/> 1 <sup>st</sup> | <input type="checkbox"/> 6 <sup>th</sup>                  | <input type="checkbox"/> 11 <sup>th</sup> (Bridge Program) |
| <input type="checkbox"/> 2 <sup>nd</sup> | <input type="checkbox"/> 7 <sup>th</sup> (Bridge Program) | <input type="checkbox"/> 12 <sup>th</sup> (Bridge Program) |
| <input type="checkbox"/> 3 <sup>rd</sup> | <input type="checkbox"/> 8 <sup>th</sup> (Bridge Program) |  |

Student's Full Name:

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First	Middle	Last	Preferred Name
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Date of Birth (Month, Day, Year): \_\_\_\_\_

Sex

- Male
- Female

Name of Current School: \_\_\_\_\_

Current School Address:

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Street/Apartment #	City	State	Zip
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Last Attendance Date (Month, Day, Year): \_\_\_\_\_

Grade of Student in Current School

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> PreK            | <input type="checkbox"/> 4 <sup>th</sup> | <input type="checkbox"/> 9 <sup>th</sup>  |
| <input type="checkbox"/> Kindergarten    | <input type="checkbox"/> 5 <sup>th</sup> | <input type="checkbox"/> 10 <sup>th</sup> |
| <input type="checkbox"/> 1 <sup>st</sup> | <input type="checkbox"/> 6 <sup>th</sup> | <input type="checkbox"/> 11 <sup>th</sup> |
| <input type="checkbox"/> 2 <sup>nd</sup> | <input type="checkbox"/> 7 <sup>th</sup> | <input type="checkbox"/> 12 <sup>th</sup> |
| <input type="checkbox"/> 3 <sup>rd</sup> | <input type="checkbox"/> 8 <sup>th</sup> |   |

Is this student eligible to return to his/her current school?

- Yes
- No

Has this student ever been suspended or expelled from any school?

- Yes
- No

If yes, please explain. \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Mother's Full Name:

First	Middle	Last	Preferred Name
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Father's Full Name:

First	Middle	Last	Preferred Name
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Status of Parents

- Married
- Separated
- Divorced
- Widowed
- Other: \_\_\_\_\_

If the parents are divorced, is the custody of this child decreed by the courts?

- Yes
- No
- NA - Parents are not divorced

What is the custody arrangement?

- Primary Parent/Guardian Custody
- Joint Custody
- NA - Parents are not divorced

If primary custody, list the name of the primary parent/guardian and their relationship (Mother, Father, etc.) to the child.

First	Middle	Last	Preferred Name	Relationship
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If parents are divorced, submit copies of court documents regarding custody and educational decisions with this application. You can email the completed application with the attached documents to [principal@lakeviewchristianacademy.org](mailto:principal@lakeviewchristianacademy.org) or mail a hard copy to Lakeview Christian Academy, 122 W Seward Road, Guthrie, OK 73044.

**Legal Guardian #1**

Full Name:

\_\_\_\_\_  
First                      Middle                      Last    Preferred Name

Relationship to Student (Mother, Father, Stepmother, Stepfather, etc.) \_\_\_\_\_

Phone (Cell/Home/Work) \_\_\_\_\_

Address:

\_\_\_\_\_  
Street/Apartment #                      City                      State                      Zip

Email Address: \_\_\_\_\_

Place of Employment & Position: \_\_\_\_\_

\_\_\_\_\_  
Current Church: \_\_\_\_\_

**Legal Guardian #2**

Full Name:

\_\_\_\_\_  
First                      Middle                      Last    Preferred Name

Relationship to Student (Mother, Father, Stepmother, Stepfather, etc.) \_\_\_\_\_

Phone (Cell/Home/Work) \_\_\_\_\_

Address:

\_\_\_\_\_  
Street/Apartment #                      City                      State                      Zip

Email Address: \_\_\_\_\_

Place of Employment & Position: \_\_\_\_\_

\_\_\_\_\_  
Current Church: \_\_\_\_\_

**PRIMARY HOUSEHOLD**

Student Lives with (check all that apply):

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Legal Guardian
- Siblings
- Other:

Physical Address:

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Street/Apartment #	City	State	Zip
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Mailing Address (if different from physical address):

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Street/Apartment #	City	State	Zip
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Sibling(s)

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Name	Age	Grade	School
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Name	Age	Grade	School
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Name	Age	Grade	School
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Name	Age	Grade	School
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Name	Age	Grade	School
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## STUDENT'S SPECIAL NEEDS

Has this student received special help for learning difficulties?

- Yes
- No

If yes, what areas did he/she receive help? (Check all that apply)

- Reading
- Writing
- Math
- Other: \_\_\_\_\_

Has this student ever received speech/language services?

- Yes
- No

Has this student been diagnosed with ADD or ADHD?

- Yes
- No

Has this student ever been on a 504 Plan?

- Yes
- No

Has this student ever been on an Individualized Education Program (IEP)?

- Yes
- No

Does this student have any food allergies?

- Yes
- No

If yes, please list the food(s) your child is allergic to. Write 'N/A' if this does not apply to your child.

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List and describe any illnesses, diseases, or physical needs that have affected or may affect your child's general health, school work, or participation in school PE or sports. Write N/A if this does not apply to your child.

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To help us know your child better, please provide your parental perspective on your child's strengths, interests, and areas of concern.

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## PARENTS' COVENANT AND SUPPORT OF LCA'S STATEMENT OF FAITH

Lakeview Christian Academy provides instruction and education that conforms to the Word of God. LCA School Board encourages parents to uphold our Statement of Faith (outlined below) and guide their child/children to glorify God.

We believe:

- The Bible is the perfect, inerrant, and inspired Word of God.
- God exists eternally in three persons: Father, Son and Holy Spirit.
- Jesus Christ is God's eternal Son. Born of a virgin, He took the form of man; through His sinless life, He taught men how to live. He was crucified as a sacrifice for our sins. He rose from the dead, according to the scriptures, and returned to heaven to prepare a place for us. He will come again to receive believers into the presence of God.
- Men and women were created in God's image, were tempted by Satan and rebelled against God. Through repentance and faith in Christ, we are forgiven of our sins, reborn in a new relationship with God and placed into the body of Christ.
- Marriage, as sanctioned by God in Scripture, joins one man and one woman in an exclusive union. We affirm the Biblical principles relating to marriage and sexuality.

I/we agree to uphold the above Statement of Faith.

## REQUIRED DOCUMENTS

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- Copy of birth certificate (**all new students**)
- Copy of immunization records (**all new students**)
- A completed copy of LCA's "Student Record Release Authorization" form (**all new 1st - 6th grade students**)
- Verification of enrollment in an online curriculum (**all 7th -12th-grade students, Bridge Program**).
- Court documents regarding custody and educational decisions (**as needed**)