LIVINGSTONE Creative Arts Academy

## Student information:

Student Name _			Age DOB				
Please list the name of any siblings applying to or already attending LSCAA:							
Contact Inform	ation:						
Parent(s)/Guard	ian(s) names						
Contact phone n	umber		Text?	9 YES	NO		
How did you hea	r about us?						
Tell us about yo	our child's sch	ool experience. Pla	ease answer	• as thorou	ghly as possible.		
•	attended	ended school private school					
name of scho							
My child has fini							
My child was on	an IEP. NC	)         YES If	so, what we	ere the rea	sons?		
 If homeschoolec	l/private schoo	l what curriculum w					
My child (choose	e as many as ap	ply)		<del></del>			
does not	does not read at all		ader	reads on	grade level		
is a fluen	t reader	struggles with ı	reading	loves to re	ead		
The subject(s) n	ny child enjoys	is					
The subject(s) n	ny child excels	at is					
The subject(s) n	ny child really o	dislikes is					

The subject(s) my child struggles with is \_\_\_\_\_

What else would you like to share with us about your child's school experience? (Ex: excessive absences due to illness, anxiety, bullying issues, anything else that may affect his/her attitude and perception of school)

Tell us why you believe your child would benefit from attendance at LSCAA?

What are your goals spiritually, academically, creatively, and socially for your child while in attendance at LSCAA?

On a scale of 1 - 10 how independent is your child:

Notatall 1 2 3 4 5 6 7 8 9 10 Ve	Not at all	1	2	3	4	5	6	7	8	9	10 Ver
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Please circle all the courses your child may be interested in:

Art	Computer Design	Creative Writing
Choir	Fabric Arts	Gardening
Dance	Keyboarding	Уода
Drama	Literature	Music/Art History
Engineering	PE	Music