

RE-ENROLLMENT FORM
Due June 1st

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STUDENT INFORMATION:

Student's Full Legal Name: _____
Last First Middle

Applying for Year: _____ Entering Grade: 10 11 12

Permanent Mailing Address: Same As Before

Street City State Zip/Postal Code

Student's Cell Phone Number: _____

Student's E-mail Address: _____

PARENT INFORMATION:

Father's Full Legal Name: _____
Last First Middle

Father's Cell Phone Number: _____ Same As Before

Father's E-mail Address: _____ Same As Before

Mother's Full Legal Name: _____
Last First Middle

Mother's Cell Phone Number: _____ Same As Before

Mother's E-mail Address: _____ Same As Before

FINANCIAL INFORMATION:

Tuition is \$7,200. For convenience, LCA can charge credit/debit cards \$600 a month for 12 months (August-July).

<u>Athletic Programs:</u>	Credit / Debit Card Information	<input type="checkbox"/> Same As Before
Boys Football \$300	Card type (Check one.): [] Visa [] Mastercard [] Discover	
Girls Volleyball \$150	Card Holder Name: _____	
Co-ed Soccer \$150	Credit Card Number: _____	
Co-ed Swimming \$150	Expiration Date: _____ 3-Digit Security: _____	
Co-ed Track \$150	Card Holder Address: _____	
	Card Holder Phone Number: _____	

I prefer my credit/debit card to be charged monthly on the 5th, 15th, or 28th (please circle one).

If scholarship renewal is needed, you must schedule and have an appointment with Principal Jack Mefford before June 1st. Please call the school office to schedule the appointment 310.829.2522.

MEDICAL INFORMATION:

If any medical conditions, required medications, allergies, physician or insurance has changed, please provide the new information to the school office. Please provide student's physical exam results by August 1st.

Parent Signature _____ Date _____