

Re-Enrollment for Admission Information
Laguna Madre Christian Academy

Date of Application _____ Grade Entering _____

Name of Student _____ Home Phone _____

Name student prefers to be called _____ Last school attended _____

Mailing address _____

Student lives with _____ Both Parents _____ Mother _____ Father _____ Guardian _____

Date of Birth _____ Age _____ (as of Sept. 1) Sex _____

Father's Name _____ **Employer** _____

Mailing address (if different from student) _____

Business Address _____

Business Phone _____ Cell Phone _____ Position/Occupation _____

e-mail address _____

Mother's Name _____ **Employer** _____

Mailing address (if different from student) _____

Business Address _____

Business Phone _____ Cell Phone _____ Position/Occupation _____

Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Remarried _____

e-mail address _____

Guardian's Name _____ **Employer** _____

Mailing address (if different from student) _____

Business Address _____

Business Phone _____ Cell Phone _____ Position/Occupation _____

Brother(s) and/or Sister(s) _____ Age _____

_____ Age _____

_____ Age _____

Church now attending _____ Member? Yes / No Active? Yes / No

I, the undersigned, have given correct and complete information on the requested answers, and I agree to inform Laguna Madre Christian Academy if the status of any of the above items changes during the current school term.

Parent/Guardian signature

Date