



## Kindergarten through Eighth Grade

# Application for Admission

2020-2021 Academic Year

### CHILD(REN)'S INFORMATION

Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Parish Affiliation: \_\_\_\_\_

**FIRST CHILD** *RECEIVES ACCOMMODATIONS?\**

Full Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Grade Entering in Fall: \_\_\_\_\_

**SECOND CHILD** *RECEIVES ACCOMMODATIONS?\**

Full Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Grade Entering in Fall: \_\_\_\_\_

**THIRD CHILD** *RECEIVES ACCOMMODATIONS?\**

Full Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Grade Entering in Fall: \_\_\_\_\_

**FOURTH CHILD** *RECEIVES ACCOMMODATIONS?\**

Full Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Grade Entering in Fall: \_\_\_\_\_

### MOTHER/GUARDIAN 1 INFORMATION

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Has Custody:      Yes      No

### FATHER/GUARDIAN 2 INFORMATION

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Has Custody:      Yes      No

### ADDITIONAL INFORMATION

Child(ren)'s First Language: \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_  
Most Used Language: \_\_\_\_\_



**Please complete page two of this application.**

*\*Submit a copy of any Service Plan, IEP, or 504 with this application.*



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## TRANSFER ADMISSION

If you intend to transfer any of the children named on page one of this application to Lakewood Catholic Academy from another school, please indicate their current school and reasons for seeking transfer admission.

*This application must be accompanied by a copy of the child(ren)'s most recent report card(s) and their latest test scores.*

## ADDITIONAL QUESTIONS (Attach a second, typed page if additional space is required for your responses.)

Please list details about your child(ren)'s school life that are important for our staff to know, including, but not limited to: repeated/skipped grades, attendance, or recent changes that may affect your child(ren)'s school experience.

Why would you like your child(ren) to attend Lakewood Catholic Academy?

How did you hear about Lakewood Catholic Academy? Please check all that apply.

LCA WEBSITE

LCA EARLY CHILDHOOD PROGRAM

CURRENT LCA FAMILY: \_\_\_\_\_

CYO

PARISH/CHURCH BULLETIN

SOCIAL MEDIA

FRIEND/NEIGHBOR

OTHER: \_\_\_\_\_

Please return this completed application to Lakewood Catholic Academy by mail, email or in person. **Note that completion of this application does not guarantee admission.**

### Lakewood Catholic Academy

Attn: Patrick Straffen

14808 Lake Avenue, Lakewood, Ohio 44107

216-521-0559 ext. 3026 • pstraffen@lcasaints.com

### FOR OFFICE USE

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Reg. Fee Paid: \_\_\_\_\_