

Date ____/____/____
For School Year 2024-2025

OFFICE USE ONLY
Paid in Full _____
Paying Monthly _____
Automatic WD _____

Greater Lincoln Christian Academy

Early Registration Form

<input type="checkbox"/> Early-Registration (\$100) before May 17	<input type="checkbox"/> Re-registration (\$150) after May 17
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Student Name (Last, First, Middle) _____

Mailing Address (Street, City, State, Zip) _____

Physical Address (if different from above) _____

Most recent grade completed _____

Birth Date _____ Gender (circle one) Male Female

Best phone number you can be reached _____

Father's Name _____

Father's Cell Phone _____

Father's Employer _____

Father's Work Phone _____

Father's Mailing Address _____

Father's Physical Address (if different from mailing) _____

Email Address _____

Mother's Name _____

Mother's Cell Phone _____

Mother's Employer _____

Mother's Work Phone _____

Mother's Mailing Address _____

Mother's Physical Address (if different from mailing) _____

Email Address _____

Responsible Adult Contact if Primary Contact Cannot Be Reached (Name and number):

1. _____

Name of Person(s) Authorized to Take Child (other than parents)

Relationship

Phone

2. _____

Name of Person(s) Authorized to Take Child (other than parents)

Relationship

Phone

MEDICAL -

Physician's Name_____

Name of healthcare office_____

Physician's Number_____

Health Problems (if any):_____

SCHOOLING -

Has this student previously attended Greater Lincoln Christian Academy?_____

If yes, circle grades K3 K4 K5 1 2 3 4 5 6 7

How did you hear about GLCA? Website Facebook Other_____

Reason for attending GLCA

School Attended Last Year/Town/State

Church you now attend_____

**VERIFY THAT ALL FIELDS ARE COMPLETED, READ STATEMENT OF COOPERATION BELOW,
AND SIGN. STATEMENT MUST BE SIGNED FOR STUDENT TO BE CONSIDERED FOR ENROLLMENT.**

Statement of Cooperation

In completing this application for my child, I desire to have him complete the 2023-24 school year. I understand that it is the policy of the school is to make no refunds or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities of Greater Lincoln Christian Academy. I further agree to indemnify and hold Greater Lincoln Christian Academy harmless for any and all liability that may result from my child's attending or participating in all activities of Greater Lincoln Christian Academy. I understand that I am expected to read and be in agreement with the handbook as it pertains to all facets of educating my child(ren). I will support faculty and staff in its efforts to enforce the dress code, correct behavioral/academic issues, etc. I understand that attending Greater Lincoln Christian Academy is a privilege, not a right.

Parent Signature

Date

Parent Signature

Date