

New Student  
 Currently Enrolled Student  
 Sibling of Enrolled Student  
 Waiting List

Office Use

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Charge: M/C Visa Disc A/E



## LCA Secondary Fall 2017 Enrollment Application

**Lakeland Christian Academy**  
 397 South Stemmons Freeway, Lewisville, Texas 75067  
 Phone: 972-219-3939 Fax: 972-219-9601

Student's Name (*first, middle, last*): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age (*on Sept. 1, 2017*): \_\_\_\_\_ Birthdate (*mo./day/yr.*): \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation and Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation and Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Church \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_ Ethnicity (Optional): \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Class</u>	<u>Time</u>	<u>Days</u>	<u>Annual Tuition*</u>
___ 7th Grade	8:40am - 3:45pm	M-F	\$5940 annual
___ 8th Grade	8:40am - 3:45pm	M-F	\$5940 annual
___ 9th Grade	8:40am - 3:45pm	M-F	\$6360 annual
___ 10th Grade	8:40am - 3:45pm	M-F	\$6360 annual
___ 11th Grade	8:40am - 3:45pm	M-F	\$6360 annual
___ 12th Grade	8:40am - 3:45pm	M-F	\$6360 annual

\*See Charge Draft Authorization for payment options.

**Check One:**

- I am paying my Enrollment Fee by Attached Check: Payable to LCA.**  
 **I am paying my Enrollment Fee with the following Charge Card: please circle — VISA MC DISC AMEX**

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

**To Pursue Enrollment:**

- Completed Enrollment Application, Charge Draft Form (on reverse side) and applicable, **non-refundable & non-transferable Enrollment Fee** submitted to LCA Office.  
 \$350.00 **non-refundable & non-transferable** Enrollment Fee for Returning 7th thru 12th Grade Students until January 31, 2017  
 \$475.00 **non-refundable & non-transferable** Enrollment Fee for 7th thru 12th Grade Students
- Child Must meet age requirements by September 1, 2017.  
 7th Grade must be 12 yrs old; 8th Grade; must be 13 yrs. old; 9th Grade must be 14 yrs. old
- New students: Placement evaluation scheduled at LCA & receipt of transcripts from previous school.
- New students: All enrollment forms must be completed and submitted to LCA.
- First tuition payment is due on or before June 1, 2017. On June 2<sup>nd</sup> enrollment will be forfeited for non-payment and space will be awarded to the next student on the waiting list. **Tuition is completely non-refundable & non-transferable.**

**Cancellation Policy: All tuition and enrollment fees are non-refundable & non-transferable.**

I have read and understand the cancellation policy stated above.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Lakeland Christian Academy does not discriminate on the basis of race, color, sex or national origin.*

**OVER**



Lakeland  
Christian Academy  
397 S. Stemmons Freeway  
Lewisville, Texas 75067  
972-219-3939

### **Charge/Draft Authorization Form**

Name of Child: \_\_\_\_\_ Class/Grade for 2017-2018: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Social Security Number: \_\_\_\_\_

Parent Home Telephone Number: \_\_\_\_\_

Monthly Tuition Amount: \_\_\_\_\_

#### **Option 1:**

Name on Charge Card: \_\_\_\_\_

Charge Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Charge Card Type: Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

#### **Option 2:**

Name on Bank Account: \_\_\_\_\_

Bank Routing Code: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
(First set of numbers on bottom of check) (Second set of numbers on bottom of check)

Name of Bank: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

#### **Drafts/Charges Begin on June 1, 2017 (non-refundable & non-transferable)**

**Preschool Students** pay over 10 months beginning June 1, 2017

**K5-12th Students (Kindergarten and older)** beginning June 1, 2017 choose:

Pay over 10 months \_\_\_\_\_ or pay over 12 months \_\_\_\_\_  
(initial) (initial)

#### **There will be a \$20 service fee charged for any returned checks and credit cards unable to process.**

As a convenience to me, I hereby request and authorize you to charge my account for monthly tuition payable to Lakeland Christian Academy. I agree that your rights in respect to each such charge shall be the same as if it were submitted by you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring such charges. **Tuition is non-refundable & non-transferable. Note: Any changes in this account number or status must be reported to LCA 5 business days prior to the end of the month.**

By the signature below, I acknowledge that I have read the foregoing, understand and agree to the terms.

\_\_\_\_\_  
Signature

**OVER**

\_\_\_\_\_  
Date