

Dear Family,

Thank you for considering Lake Shore Christian Academy to partner with you in educating your children. Our mission at LSCA is to partner with parents in order to meet two goals: 1) to give their children a solid academic education, and 2) to lead their children to a true knowledge of our great Savior, Jesus Christ. It is this second goal that unashamedly shapes every other facet of our school. In short, we strive to be a Christ-centered school through and through. The application process on which you are about to embark is just one of the measures we take in order to fulfill this mission and maintain and protect our academic and spiritual atmosphere. That is not to say that we are looking for perfect students. Rather, we are seeking students who show true potential and can benefit from and add to our school.

In this packet you will find the forms listed at the bottom of the page. Each form, unless otherwise noted, must be filled out completely and accurately before we will consider your application. Once the forms are received we will proceed as follows:

- 1) The Admissions Committee will review the forms
- 2) You and your child(ren) will be invited in for an interview
- 3) If your child(ren) are in the 3<sup>rd</sup> – 12<sup>th</sup> grades they will be tested for grade level placement
- 4) The Admissions Committee will notify you of their final decision

*\*Please keep in mind that we reserve the right to deny admission during any stage of this process.*

*\*\*Please also review our Parent-Student Manual. Upon official enrollment, parents must sign that they have read, understood, and agree to abide by the policies contained therein.*

Again, thank you for considering us – it is an honor to be entrusted with the education of your children. If you have any questions about this process or any of the forms please don't hesitate to contact us.

FORMS	COMPLETED BY
Admissions Application	Parents/Guardians
Family Information Form	Parents/Guardians
Student Information Form	Student (6 <sup>th</sup> – 12 <sup>th</sup> grade only)
Transcript Release Form	Parents/Guardians
Pastor's & Teacher's Recommendation Forms	Parents/Guardians, Pastor, & Teacher
Parent/Guardian's Proof of Income (e.g. W-2 Statements) & Student's Medical Records	These forms are not part of the packet, but are still required before the application can be considered.

**LAKE SHORE CHRISTIAN ACADEMY  
ADMISSIONS APPLICATION**

860 SWIFT RD.  
PASADENA, MD 21122  
(410) 437-3529

**APPLICANT INFORMATION**

Name:		
Date of birth:	SSN:	Gender:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Parent Email:	

**FAMILY INFORMATION**

Father/Step-father/Guardian (Circle One)		Mother/Step-Mother/Guardian (Circle One)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Other		<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Full Name:		Full Name:	
Address (if different)		Address (if different)	
Employer:		Employer:	
Occupation/Title:		Occupation/Title:	
Business Phone:		Business Phone:	
Cell Phone:		Cell Phone:	
Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased			
If parents are divorced or separated, who has legal custody?			
Correspondence regarding application should be sent to:			

**ACADEMIC INFORMATION**

Last/Current School:	Last Grade Completed:
Has the applicant ever been suspended or expelled from school? If yes, please attach an explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the applicant ever repeated a grade? If yes, which grade? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	
Has the applicant been tested for or diagnosed with a learning disability, ADD, or ADHD? If yes, please attach an explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the applicant have any other disabilities? If yes, please attach an explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any unusual factors in the student's life (e.g. absence of parent(s), serious illnesses, accidents, adoption, etc.) of which the school should be made aware? If yes, please attach an explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO	

## APPLICATION AGREEMENT

By signing below we understand and agree that...

in order for this application to be considered all the forms contained in the application packet must be filled out completely and returned to the school office.

in order for this application to be considered the application fee must be paid and is non-refundable.

none of the above actions guarantee that admission will be granted and LSCA reserves the right to deny admission at any point during the application process.

all of the information we provided in the application packet is complete and true to the best of our knowledge.

Signature of Student:  
(6<sup>th</sup> – 12<sup>th</sup> Grade Only)

Date:

Signature of Father:

Date:

Signature of Mother:

Date:

### \*\*OFFICE USE ONLY\*\*

All Application Materials Received?  Admissions Application  App. Fee  Family Info. Form  
 Student Info. Form  Pastor's Recommendation  Teacher Recommendation  
 Handbook Signature Page  Academic Transcripts  Medical Records  Proof of Income

	Signature	Date
Application packet reviewed by:		

Interviews completed?  YES  NO

Diagnostic Testing completed?  YES  NO  N/A

Admission Granted? If no, explain.  YES  NO

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**LAKE SHORE CHRISTIAN ACADEMY  
FAMILY INFORMATION FORM**

860 SWIFT RD.  
PASADENA, MD 21122  
(410) 437-3529

*If you have multiple children seeking admission to LSCA you only need to complete the "Household Information", "Religious Information", and "Questionnaire" sections one time. All other sections must be completed for each individual child seeking application.*

**HOUSEHOLD INFORMATION**

Other Children in the Family (Not Applying to LSCA)

Name:	Age:	School Attending:
Name:	Age:	School Attending:
Name:	Age:	School Attending:
Name:	Age:	School Attending:

Do any other people live in your household? If yes, who?  YES  NO

**MEDICAL INFORMATION**

Family Physician:

Phone:

Does the applicant have any physical/mental illnesses, handicaps, or allergies? If yes, please explain.  YES  NO

Has the applicant received immunizations for the following? Polio  YES  NO

DTP/DTaP/DT/Td  YES  NO MMR  YES  NO

Varicella  YES  NO Hepatitis B  YES  NO

**RELIGIOUS INFORMATION (USE SEPARATE SHEETS IF NECESSARY)**

Name of Family Church:

Address:

Pastor:

Do you and your family attend this church on a regular basis? If no, please attach an explanation.  YES  NO

Father

Mother

Are you a born-again believer in Jesus Christ?  
 YES  NO

Are you a born-again believer in Jesus Christ?  
 YES  NO



What forms of discipline/reward do you regularly use in your household?

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Please explain how you would support LSCA in the education and training of your child(ren):

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This form was adapted from an AACPS form found at: [http://www.aacsonline.org/index.php?option=com\\_content&task=view&id=37](http://www.aacsonline.org/index.php?option=com_content&task=view&id=37)

**LAKE SHORE CHRISTIAN ACADEMY  
STUDENT INFORMATION FORM**

860 SWIFT RD.  
PASADENA, MD 21122

**6<sup>TH</sup> – 12<sup>TH</sup> GRADE ONLY**

**(410) 437-3529**

*All of the following information must be filled out by the applicant in his/her own handwriting. If more space is needed please use another sheet of paper and attach it to this form.*

**BEHAVIORAL INFORMATION**

Have you ever used tobacco or nonprescription drugs of any kind? If yes, please attach an explanation.  YES  NO

Have you ever consumed an alcoholic beverage of any kind? If yes, please attach an explanation.  YES  NO

Have you ever been sent to talk to the Principal because of bad behavior? If yes, please attach an explanation.  YES  NO

Have you ever cheated on your school work? If yes, please attach an explanation.  YES  NO

If accepted here, would you agree to obey all the school rules and respect your teachers/principal/staff without complaining?  YES  NO

**PERSONAL INFORMATION**

What do you like to do in your free time?

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Do you play any sports? If yes, what?  YES  NO

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What is your favorite type of music? Who is your favorite singer/group?

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Do you enjoy going to the movies? If yes, what were the last two movies you saw in the theater?  YES  NO

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About how many hours of television do you watch during a normal week day? \_\_\_\_\_

Do you have a computer at home? If yes, how much time do you spend on it during a normal week day?  YES  NO \_\_\_\_\_

Do you know anyone that currently attends LSCA? If yes, who?  YES  NO

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**ACADEMIC INFORMATION**

What is your favorite subject? Why?

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What is your least favorite subject? Why?

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Which of the following helps you learn the BEST? (Check all that apply)  Worksheets  
 Listening to the teacher  Group projects  Individual projects  Video presentations  
 Other: \_\_\_\_\_

Do you like to read? If yes, what is the most recent book you've read? If no, why not?  
 YES  NO \_\_\_\_\_

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Have you ever been on the Honor Roll?  YES  NO

Why do you want to come to Lake Shore Christian Academy?

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### RELIGIOUS INFORMATION

Do you attend church every Sunday? If yes, where? If no, why not?  YES  NO

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In your own words, what do you think it means to be a Christian?

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Do you consider yourself a Christian?  YES  NO

Have you ever read any portions of the Bible? If yes, about how much?  YES  NO

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Do you believe everything in the Bible is true? Why or why not?  YES  NO

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**LAKE SHORE CHRISTIAN ACADEMY  
TRANSCRIPT RELEASE FORM**

860 SWIFT RD.  
PASADENA, MD 21122  
(410) 437-3529

*Parent/Guardian please fill out this form and forward it to the current/last school in which your child was enrolled.*

**CURRENT/LAST SCHOOL INFORMATION**

Address:

City:

State:

ZIP Code:

**PERMISSION TO RELEASE**

By signing below I grant permission to release all pertinent information from the student's permanent record. This includes, but is not limited to, a complete academic transcript of former and current grades, Achievement Test scores, psychological evaluations (if any), and health records. These are to be released to:

Lake Shore Christian Academy  
860 Swift Rd.  
Pasadena, MD 21122

- This student is currently being considered for enrollment at Lake Shore Christian Academy
- This student has been enrolled at Lake Shore Christian Academy

Thank you for your cooperation in this matter. God bless.

**STUDENT INFORMATION**

Student's Full Name:

Present Grade:

Student's Full Name:

Present Grade:

Student's Full Name:

Present Grade:

Student's Full Name:

Present Grade:

Student's Full Name:

Present Grade:

**PARENT/GUARDIAN SIGNATURE**

Full Name of Parent/Guardian:

Signature of Parent/Guardian:

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**LAKE SHORE CHRISTIAN ACADEMY  
TEACHER RECOMMENDATION FORM**

860 SWIFT RD.  
PASADENA, MD 21122  
(410) 437-3529

*If you have multiple children seeking admission to LSCA, an individual teacher recommendation form must be received for each of them, unless the child is entering Kindergarten for the first time. In addition, the teacher(s) who submit(s) the recommendation must have taught your child within the past year.*

**FAMILY INFORMATION**  
(to be filled out by the applicant's parent/guardian)

Parents'/Guardians' Names:

Applicant's Name:

**TEACHER RECOMMENDATION**  
(to be filled out by the Teacher and mailed to school address above)

Teacher's Name:

School Name:

School Phone:

School Address:

City:

State:

ZIP Code:

Dear Teacher,

Thank you for taking the time to help us better understand the academic and behavioral background of this student. Our mission at LSCA is to partner with parents in order to meet two goals: 1) to give their children a solid academic education, and 2) to lead their children to a true knowledge of our great Savior, Jesus Christ. While we realize that not every student will enter our school with perfect academic records, we must still be very diligent to admit students who can adapt to and succeed in our academic environment. This diligence is just one of the measures we take to fulfill our mission.

Having said that, your honest and candid answers to the questions that follow are an essential part of the admission screening process. This form is by no means the only information we consider; rather it is one small, but important, "brushstroke" that helps us paint a bigger picture.

Lastly, we assure you that the information you provide is confidential and will not be shared with the applicant or his/her family. So please be as honest and straightforward as possible. Again, thank you for your cooperation.

Sincerely,  
LSCA

How long have you known the applicant and his/her family? \_\_\_\_\_

When was the last time you taught the applicant? \_\_\_\_\_

Have you ever had to discuss with this family any disciplinary issues related to the applicant? If yes, please attach an explanation about what kind(s) of issues and how the parents/guardians responded.  YES  NO

Were the parents/guardians easily accessible and responsive to teacher/school communications? If no, please attach an explanation.  YES  NO  N/A

Did the applicant ever receive any failing grades in your class? If yes, please attach an explanation.  YES  NO

How would you describe the work ethic of the applicant?

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How would you describe the social skills of the applicant and how he/she interacted with other students in the class?

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How would you describe the overall academic abilities of the applicant?

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Is there any further information about the applicant(s) and/or the family which you think would be helpful for us to know?

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Do you recommend the applicant for admission to LSCA? If no, please explain.

YES  NO

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Teacher's Name:

Teacher's Signature:

Date:

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**LAKE SHORE CHRISTIAN ACADEMY  
PASTOR'S RECOMMENDATION FORM**

860 SWIFT RD.  
PASADENA, MD 21122  
(410) 437-3529

**FAMILY INFORMATION**

(to be filled out by the applicant's parent/guardian)

Parents'/Guardians' Names:

Applicant's Name:

Applicant's Name:

Applicant's Name:

Applicant's Name:

Applicant's Name:

**PASTOR'S RECOMMENDATION**

(to be filled out by the Pastor and mailed to school address above)

Pastor's Name:

Church Name:

Church Phone:

Church Address:

City:

State:

ZIP Code:

Dear Pastor,

Thank you for taking the time to help us better understand the spiritual background of this family. Our mission at LSCA is to partner with parents in order to meet two goals: 1) to give their children a solid academic education, and 2) to lead their children to a true knowledge of our great Savior. It is this second goal that shapes every other facet of our school. We don't necessarily expect every student/family to enter our school at the same spiritual level, but we do strive to create and maintain an atmosphere in which we can fulfill our mission of leading children to Jesus.

Having said that, your honest and candid answers to the questions that follow are an essential part of the admission screening process. This form is by no means the only information we consider; rather it is one small, but important, "brushstroke" that helps us paint a bigger picture.

Lastly, we assure you that the information you provide is confidential and will not be shared with the applicant(s) or his/her family. So please be as honest and straightforward as possible. Again, thank you for your cooperation.

Sincerely,  
LSCA

How long have you known the applicant(s) and his/her family? \_\_\_\_\_

Are the parent(s)/guardian(s) members of your church? If yes, for how long?

YES  NO \_\_\_\_\_

Do the parents/guardians occupy any leadership positions in your church? If so, which ones?  YES  NO

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Do the parents/guardians regularly attend Sunday morning worship services?  YES  NO

Do the parents/guardians regularly attend/participate in church activities other than Sunday morning worship services? If yes, what kinds of activities?  YES  NO

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How would you describe the spiritual maturity of the parents/guardians?

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Is/Are the applicant(s) a member of your church? If yes, for how long?  YES  NO

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Do(es) the applicant(s) regularly attend Sunday morning worship services?  YES  NO

Is/Are the applicant(s) involved in your church's youth program?  YES  NO

How would you describe the spiritual maturity of the applicant(s)?

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Is there any further information about the applicant(s) and/or the family which you think would be helpful for us to know?

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Do you recommend the applicant(s) for admission to LSCA? If no, please explain.  YES  NO

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Pastor's Name:

Pastor's Signature:

Date:

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