

Living Word Academy

4300 Nicols Road
Eagan, MN 55122
651-456-0001

Student Application for Admission

STUDENT'S NAME
DATE & PLACE OF BIRTH
(FIRST)
(MIDDLE)
TO ENTER (LAST)
WHEN?
ADDRESS
WHAT GRADE?
HOME PHONE

1. Father's name _____ Mother's name _____
Address _____ Address _____
_____ Zip _____ _____ Zip _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Work Phone _____ Work Phone _____
Home Phone _____ Home Phone _____
DO ANY OF THE FOLLOWING APPLY? DO ANY OF THE FOLLOWING APPLY?
Widower _____ Separated _____ Widower _____ Separated _____
Divorced _____ Remarried _____ Divorced _____ Remarried _____
Is student by present marriage? _____ Is student by present marriage? _____
Where is your church membership? _____ Where is your church membership? _____

What church do you presently attend? _____ What church do you presently attend? _____

Pastor's Name _____ Pastor's Name _____

2. Name and address of living Grandparents:

Name Address City/State Zip

Name Address City/State Zip

3. Name of School District in which you reside: _____

4. If child is not living with his mother and father, please explain the present home conditions: _____

5. Other children living with the family:
Name Birthdate (month/date/year)

6. Are any children already enrolled in LWA? _____ If yes, who? _____

7. Does applicant have any physical, emotional, or mental disability which may affect his/her schooling? _____
If yes, please specify and explain _____

8. Has applicant been assessed for special educational services? _____

9. Family physician _____ Phone _____