



LEHIGH CHRISTIAN ACADEMY

PROVIDING A QUALITY EDUCATION THAT IS CHRIST-CENTERED

INTENT TO RE-ENROLL:

Student Name: _____
Parent Names: _____
Address: _____
Phone Number: _____ Email Address: _____
Grade Entering 2024-2025: _____
Student Birthdate: _____
School attended in 2023-2024: _____
Any Academic changes(ie: IEP) : _____
Withdrawal Date from LCA: _____

Please place my child on the waiting list for the 2024-2025 academic year. I understand that when re-enrollment is open, it is my responsibility to completely fill out the online packet and submit it by the due date in order to guarantee my child's continued place on the waiting list. The classroom spots will be filled based on the completion of the above and the order in which this intent to re-enroll and enrollment payment is received. LCA reserves the right to deny placement due to academic, behavioral, and/or other concerns. If LCA cannot place your child, the re-enrollment fee will be refunded. **A \$150 re-enrollment fee per student must accompany this form.**

I have read and understand the above information and will complete the enrollment steps by the due date in order to not lose my child's placement on the waiting list.

Signature of Parent/Guardian

Signature of Parent/Guardian (If Applicable)

Date

OFFICE USE ONLY

DATE OF APPLICATION RECEIVED _____
PAYMENT RECEIVED _____