



REGISTRATION FORM

2019-2020

STUDENT INFORMATION

Student Name Last First Middle Nickname			Age	Birth date mm/dd/yyyy	Male / Female
Address Street City State Zip				Home Phone	
Please Specify: Re-enrolling Student <input type="checkbox"/> New Student <input type="checkbox"/> Name of Previous School _____ Locations (city, state) _____			Other Siblings of Student enrolled at LUA: Name _____ Grade _____ Name _____ Grade _____ Name _____ Grade _____ Name _____ Grade _____		
Grade Student will be enrolled in: _____					

PARENT INFORMATION

FATHER's Name		Profession	E-mail
Home Address Street City State Zip		Home Phone	
Place Employed	Business Address		Business Phone: Cell Phone:
MOTHER's Name		Profession	E-mail
Home Address Street City State Zip		Home Phone	
Place Employed	Business Address		Business Phone: Cell Phone:

EMERGENCY CONTACT INFORMATION

Who can we contact in case of emergency (other than parents)?		
1. Name	Address	Phone
2. Name	Address	Phone

MEDICAL INFORMATION**Allergies to food or medication etc.****Action to take in an emergency****Student's Physician phone****Is the child on any regular medication?****Is the child under the regular care of a physician, psychiatrist, psychologist, counselor, etc?**

If yes, provider's name and contact info:

Reason for treatment:**TUITION & FEES:****Tuition** for 2019-2020 is \$5,250 per year per students or \$525.00 per month in 10 payments from August – May, due on the 1st of each month (other payment options are available). Please see the tuition schedule for discounts for multiple students.**I have read and I understand the tuition payment schedule. (Initials)**_____**Enrollment Fees:**

- New Student:* Application fee \$30, an Enrollment Fee of \$70.00 and a Materials Fee, \$250.00. Total due at Registration for new students is \$350.00.

• **I hereby attest the above information to be true and up to date. I understand that if this information is not found to be accurate, my child's place in Lexington Universal Academy may be forfeited.**

TRANSPORTATION:

LUA does not currently have a school transportation system but we are conducting a survey to identify parent interest.

1. If your child was previously enrolled at LUA, what was the primary means of transportation?

- a. Parent or Guardian
 b. Carpooling with family
 c. Carpooling with friend
 d. Paid Service (ex: Uber, caregiver, etc.)

2. Are you interested in a transportation service provided by LUA? If interested, please complete questions #3-4.

- a. Yes
 b. No

3. When would you need assistance with transportation?

- a. Drop-off in the morning
 b. Pick-up in the afternoon

4. How much are you willing to pay for transportation service? _____

I authorize to receive communication via text, using Remind101, and understand there might be message or data charges from my cellphone carrier. (Initials)_____

I have read and I understand the Parents Volunteer Service Program. (Initials)_____

Parent/Guardian Signature_____ **Today's Date**_____

Lexington Universal Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and financial aid programs, and other school administrated programs.

FOR OFFICE USE ONLY

Application Fee <input type="checkbox"/>	Enrollment Fee <input type="checkbox"/>	Material Fee <input type="checkbox"/> w/ Late fee <input type="checkbox"/>	Amt. Rec'd \$ _____ Cash <input type="checkbox"/> Ck # _____	Date Rec'd _____
Birth Certificate <input type="checkbox"/>	Soc. Sec. Card <input type="checkbox"/>	Physical Exam Form <input type="checkbox"/> (KG, transfers & 6 th)	Eye Exam <input type="checkbox"/>	Staff Initials _____
Immunization Record <input type="checkbox"/> (KG, transfers & 6 th)		Date of 1st day of classes (for transfers) _____	Withdrawal Date _____	Staff Initials _____

