



**LITTLE SCHOLARS of ARKANSAS**  
 "Embrace your Future"

**LISA ACADEMY - NORTH LITTLE ROCK  
 APPLICATION FORM FOR 2010-2011 ACADEMIC YEAR**

**FOR OFFICE USE ONLY** Date : \_\_\_\_\_ Student #: \_\_\_\_\_

DEAR PARENTS AND APPLICANT:  
 Thank you for your interest in LISA ACADEMY-NLR. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Applications received unsigned, incomplete, or after the closing date may not be considered for acceptance. Please either **type** or **print** clearly using black ink.

**Student's legal name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Student's date of birth:** (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Place of Birth ( City, State, and County ):** \_\_\_\_\_ **Gender:**  Male  Female

**Grade applied for:**  K  1  2  3  4  5  6  7  8  9  10

**Who Has Legal Custody of Child?** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
(Street & House/Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code) Phone: (\_\_\_\_\_) \_\_\_\_\_

<p><b>Race:</b></p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Asian (includes Middle East and Indian, etc.)	<p><b>Student Lives With (check 1 box):</b></p> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Other _____	<p><b>Is this student:</b></p> Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No Orphan? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

**PARENT / GUARDIAN (Student Resides With)**

Relationship to applicant : _____ Full name: _____ E-mail : _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Address ( if different than above ): _____ _____ Job Position / Title : _____ Employer's Name: _____	Relationship to applicant : _____ Full name: _____ E-mail: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Address ( if different than above ): _____ _____ Job Position / Title : _____ Employer's Name: _____
---	--

**Applicant's brother(s) and/or sister(s) aged 4 – 18 who live in your home:**

Name	Date of Birth	Current School	Current Grade
1. _____			
2. _____			
3. _____			

**Current School and Address:** \_\_\_\_\_ **Assigned Public School District:** \_\_\_\_\_

**Current School Address:** \_\_\_\_\_

**Current School Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ **Year/s Attended:** \_\_\_\_ to \_\_\_\_

**Is applicant currently under suspension, expulsion or under expulsion proceedings from any school or school district?**

No  Yes If yes, explain:

\_\_\_\_\_

**Has applicant ever skipped a grade?**  No  Yes Which grade and why? \_\_\_\_\_

**Has applicant ever repeated a grade?**  No  Yes Which grade and why? \_\_\_\_\_

**Does your child have a 504/IEP/GT**  No  Yes If yes, please explain and provide a recent copy of your child's IEP or 504 or GT plan. \_\_\_\_\_

**Please indicate any chronic health, emotional, or physical problem the student has, or other needs which we should be made aware of, which will help us plan and provide for the applicant's educational experience:**

\_\_\_\_\_

\_\_\_\_\_

**Please list applicant's honors, awards, or special achievements (in or out of school):** \_\_\_\_\_

\_\_\_\_\_

**Please list applicant's talents, interests, hobbies, club memberships, and activities:** \_\_\_\_\_

\_\_\_\_\_

**How did you learn about LISA?**

- |  |   |
|--|---|
| <input type="checkbox"/> Brochure, flyer, handout        | <input type="checkbox"/> Advertisement ( <i>where?</i> ): _____ |
| <input type="checkbox"/> Internet ( <i>site</i> ): _____ | <input type="checkbox"/> Newspaper ( <i>name?</i> ): _____      |
| <input type="checkbox"/> Journal ( <i>name?</i> ): _____ | <input type="checkbox"/> Friend                                 |
| <input type="checkbox"/> Relative                        | <input type="checkbox"/> Other ( <i>please specify</i> ): _____ |

**Briefly state why you wish to have your child/children enrolled at LISA Academy:**

\_\_\_\_\_

**SUBMIT THE COMPLETED APPLICATION FORM WITH COPIES OF THE FOLLOWING DOCUMENTS:**

- 1. Proof of Residency (utility/ phone bill or lease agreement)**
- 2. Birth Certificate (Certified copy of birth certificate, registrar statements, baptismal certificate, passport, affidavit, military ID or previous school records)**
- 3. Immunization Records**
- 4. Social Security Number**

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

\_\_\_\_\_  
Signature of Parent or Guardian (Male)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (Female)

\_\_\_\_\_  
Date

\* Students who have been expelled from other schools or districts may not enroll in the LISA Academy School District unless approval is given by the School Board. Students on a short or long-term suspension, expulsion or under expulsion proceedings are not permitted on school campuses or at any District-sponsored activities during the duration of the suspension without the permission of a school administrator.

LISA Academy admits students without regard to race, color, religion, sex, national and ethnic origin, or the presence of a medical condition or disability.