



A CLASSICAL SCHOOL

The mission of Lafayette Academy is to provide an excellent K-12 education which develops the academic potential of each student through a rigorous, content-rich, classical liberal arts program while cultivating a virtuous character.

Please send completed form to:

Mrs. Goertz:
jgoertz@calschool.org

Or to:

Attn: Admissions
Lafayette Academy
20 Hawk Ridge Circle
Lake St. Louis, MO 63367

Lafayette Academy
(636) 357-9624
lafayetteacademy.org

Application for Admission

Thank you for applying. Our application fee is \$75.00/child. (Fee is capped at \$200.00 / family) Upon acceptance, we ask that you provide a 15% down payment of tuition within two weeks of the acceptance date along with a completed Enrollment Packet.

*How did you hear about Lafayette? _____

STUDENT INFORMATION

Date _____ Current Grade _____ Applying for Grade _____

Student Name _____
(FIRST) (MIDDLE) (LAST)

Home Address _____
(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

Birthdate ____ / ____ / ____ Age ____ Gender _____

Current School _____

Dates Attended _____

School Address _____
(STREET OR P.O. BOX)

(CITY) (STATE) (ZIP)

Please Initial: _____ I give Lafayette Academy permission to access my child's education background including all records from their previous school.

For School Use Only

___ Application	___ Birth Certificate
___ Enrollment Fee	___ Physical Exam Form
___ Enrollment Agreement	___ Immunization Form
___ Parent Oath	___ Health History Form
___ Student Oath	___ Emergency Info
___ Photo Release Form	

DATE AND TIME APPLICATION RECEIVED _____

PARENT INFORMATION

1. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____ Work Phone (____) _____

Employer _____ Occupation _____

2. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____ Work Phone (____) _____

Employer _____ Occupation _____

Marital status of parents: ___ Married ___ Other: _____

Student resides with: ___ Parents ___ Mother ___ Father ___ Other: _____

3. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____ Work Phone (____) _____

Employer _____ Occupation _____

4. Parent/Guardian

(TITLE) (FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Relationship _____

Home Address _____
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____ Work Phone (____) _____

Employer _____ Occupation _____

COMMUNICATION INFORMATION

Lafayette Academy will periodically send out information regarding your child and school activities. Please specify who should receive these communications:

Name/Relation to Student

Email, if not provided above

FAMILY INFORMATION

Student's Siblings:

_____	(NAME)	_____	(GRADE)	_____	(SCHOOL ATTENDING)
_____	(NAME)	_____	(GRADE)	_____	(SCHOOL ATTENDING)
_____	(NAME)	_____	(GRADE)	_____	(SCHOOL ATTENDING)

REFERENCE

Please provide two personal references who will be able to vouch for your child's character. At least one must have known your child in an educational capacity.

Name

Phone

Email

1.) _____

2.) _____

EDUCATIONAL INFORMATION

Has your student been a part of a classical education program? If yes, please explain.

Has the student ever been diagnosed with a learning difference, been recommended for counseling or special services such as occupational speech therapy, or received an Individual Education Plan (IEP)? YES NO

If yes, briefly describe _____

Has the student ever had behavioral difficulties in school such as probation, suspension, expulsion? YES / NO

If yes, briefly describe _____

Date _____

Parent Signature _____ Date _____