



Returning Student Registration

20____ -20____

Date of Registration

Last Name	Father	Mother
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Address	City/State/Zip
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Email Address	Home Phone
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Father's Place of Business	Cell
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Mother's Place of Business	Cell
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Name of Church you are currently attending: _____

What leadership roles does your family (either together or individually) currently fill in your church, school or community?

Please list all children you wish to have enrolled with LCPA during this school term:

Students Last Name	First	Grade	New to LCPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____