

Welcome to



Building a Strong Christian Educational Foundation...
One Child at a Time

Application Packet

But they that wait upon the LORD shall renew their
strength; they shall mount up with wings as
eagles; they shall run, and not be weary; and they
shall walk, and not faint.

Isaiah 40:31

2024-2025

Thank you for your interest in Laguna Madre Christian Academy. Where your child goes to school is one of the most important decisions you will ever make. The classroom experience has a profound influence upon the student's character, values and standards of educational excellence.

Helping students develop a Biblical framework for learning and living is the primary objective of an education at Laguna Madre Christian Academy. We seek to provide a creative, loving environment for students to grow socially, emotionally, physically, academically and spiritually. Our faculty and staff are carefully chosen for their academic qualifications and Christian commitment. Their desire is to help students reach their academic potential as well as to grow deeper in their faith and relationship to God and to support their families' values.

Many new families are choosing Laguna Madre Christian Academy for their children's education. These parents realize that the future of their children depends upon the philosophy of the classroom. As author and educator Dr. Phillip May has said,

“The school system that ignores God teaches its pupils to ignore God and this is not neutrality; it is the worst form of antagonism, for it judges God to be unimportant and irrelevant in human affairs.”

At Laguna Madre Christian Academy, God and His Word are at the center of every aspect of the school's program. At Laguna Madre Christian Academy, every child will be provided with a beacon of light in the pursuit of truth.

Most sincerely,
Laguna Madre Christian Academy



Enrollment Application

2024-2025

Date of Application: _____
Student is applying for: _____ Grade
Fall / Spring School Year: 20__ - 20__

Student's Full Legal Name: _____ Male _____ Female _____
Last First Middle

Home / Mailing address: _____
Street / PO Box City State Zip

Date of Birth: ____/____/____ Phone Number: (____) _____

1. Parent / Guardian

Name: _____
Last First

Address: _____
Street

City State Zip

Home Phone Number. (____) _____

Cell Phone No. (____) _____

E-mail: _____

Employer: _____

Occupation: _____

Work Phone: _____

Relationship to Student:
 Father Mother
 Stepfather Stepmother
 Grandmother Grandfather
 Aunt Uncle Brother
 Sister

2. Parent / Guardian

Name: _____
Last First

Address: _____
Street

City State Zip

Home Phone Number. (____) _____

Cell Phone No. (____) _____

E-mail: _____

Employer: _____

Occupation: _____

Work Phone: _____

Relationship to Student:
 Father Mother
 Stepfather Stepmother
 Grandmother Grandfather
 Aunt Uncle Brother
 Sister

Siblings:

Name Grade School

Name Grade School

Name Grade School

Church of Regular Attendance: _____

School History:

Present School _____ Principal _____ Phone (____) _____

Address _____
Street City State Zip

Former school/Daycare _____ Grades Attended _____ Phone (____) _____

Address _____
Street City State Zip

Applicant is changing schools: Voluntarily Involuntarily

If Involuntarily, please explain:

Academic History:

Has the applicant ever skipped or repeated a grade? Yes No

If yes, please explain:

Has the applicant ever consulted with a professional for testing or guidance? Yes No

If yes, please specify

Speech/Language Development ADD/ADHD Counseling

Learning Difference Other, please specify _____

If you have checked any of the boxes above, attach a complete explanation along with copies of all medical test reports.

In the event that I/we cannot be reached to make arrangements for emergency attention, the administration/faculty of Laguna Madre Christian Academy should contact the persons listed below who have authorization to secure medical attention for my child. In the unlikely event that these persons are unavailable, I/we authorize the school personnel to contact the licensed physician listed below for medical advice and, if necessary, to transport my child to the physician's office or whatever medical treatment facility s/he recommends. In the event the physician is unavailable or unwilling to give direction to the school personnel, they also have my/our authorization to use their professional discretion to secure the best medical attention for my child.

Laguna Madre Christian Academy DOES NOT ASSUME any responsibility in case of accident or injury. I do hereby agree to indemnify and hold harmless the school any any school or hospital representative from any claim by any person on account of such care and treatment of this student. If between this date and the beginning of school any illness or injury should occur that might limit this student's participation in any activities, or if there is a change in status during the school year, I agree to notify the school authorities.

Medical

Physician's Name: _____ Phone: (____) _____

Address _____

City

Zip

Other preferred medical treatment facility or contact: _____ Phone (____) _____

Address _____

City

Zip

Does your child take prescription medications on a regular basis? Yes No

Does your child have any other health problems? _____

Major Medical Insurance Information

Company: _____ Policy Holder: _____

Policy #: _____ Group # _____ Phone(____) _____

Allergies: Yes No Type of Allergy (Drug, Food, Insect): _____

Allergy medication used to control allergy: _____

Other Information

Does your child wear: Glasses Contact Lenses Hearing Aids

At least one emergency contact, in addition to the parents, is required for each student.

Name	Relationship	Hone Phone	Work Phone	Cell
	Father			
	Mother			

Pick-Up Information

The following may take student from school:

Name	Phone Number

We cannot release your child to anyone other than those designated here. Please let us know if you would like to add someone to the list. Photo ID will be asked for if we have not met the person designated to pick up your child

**Laguna Madre Christian Academy
Health Statement**

I certify that my child, _____, has been examined by a licensed physician within the last year and is able to participate in the school program.

Examining Physician's Name: _____

Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

A Medical Authorization Form (available in the office) must be filled out and left in the office for any student to receive supplements, over-the-counter, or prescription medications.

Medications from Mexico will NOT be administered by any school staff unless there are U.S. physician's orders on file approving for the substitution of medication from Mexico. The medication must be labeled by the pharmacy in English.

All supplements and over-the-counter medication need to be provided by parent in original containers with completed authorization form (available in office).

Any unused medication left at LMCA at the end of the school year will be discarded.

Parent/Guardian Signature

Date

Student Name

Grade

Student Name: _____

Grade: _____

Field Trip Permission

Laguna Madre Christian Academy's policy states that written permission by the student's parent or guardian must be given in order to leave the school for any reason. The permission slip below must be completed and signed in order for your child to attend field trips during the school year.

I hereby give my permission for my child to go on all LMCA sanctioned field trips.

I understand the trips will be under the supervision of a teacher/and or chaperons and I hereby relieve Laguna Madre Christian Academy and the school personnel from liability to me or my child because of any injury during the activities described above.

A week before the trip, the school will send home information about the trip and ask if you would be able to transport children. We will need assistance and always need drivers.

_____ Yes, I will be able to provide transportation.

_____ No, I will not be able to drive.

(if you are able to drive, please return with a copy of your driver's license and current insurance verification.)

Use of Student Images

As a parent or guardian of this student, I hereby consent to the use of photographs taken during the course of the school year. As it pertains to the use of these photos for publicity, promotional, and/or education purposes (including print publications, school website, school Facebook/Twitter or other media sources). Please see the following stipulations concerning the use of photographs for this student.

_____ I give full consent for my student to be photographed and their photos used as described above.

_____ I DO NOT give consent for my student to be photographed and their photos used as described above.

All students will be photographed for the yearbook, and their photos will be included in the yearbook along with their names. *If there is a legal reason your student should not/cannot have their photo and/or name listed in the yearbook, please contact the school office to let us know of the circumstances as well as providing the legal documentation stating the details of the limitations.*

To the best of my knowledge, the information provided above and on the previous pages is true and accurate.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Legal Guardian's signature _____ Date _____

Please include copies of the following when returning this application:

_____ Birth Certificate (A photocopy of the applicant's state certified birth certificate)

_____ Immunization Records (A photocopy of the applicant's most current immunization records)

The Laguna Madre Christian Academy is inter-denominational in its enrollment policies, ministering to all families regardless of race or denominational affiliation.

LMCA admits students of any race, color, national and ethnic origin with all 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 or ethnic origin in administration of its education policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

