

FOREIGN EXCHANGE (F-1 VISA) 2008-2009 STUDENT APPLICATION FOR ADMISSION

Lake Mead Christian Academy
540 E. Lake Mead Parkway
Henderson, NV 89015
702-565-5831

APPLICANT(S) INFORMATION

FILL OUT AND RETURN

1. Student's Name _____ Sex: M F Date of Birth _____ Age _____
Ethnicity: _____ Primary Spoken Language _____
Proficient in English (Explain if necessary) _____
Passport. # _____ Visa # _____ Country of Birth _____
Country of Citizenship _____ Current grade _____ Entering grade (08/09 school year) _____
School last attended _____ Location of school _____

How did you hear about us? A Family at LMCA (please attach a referral card so we can thank them upon your enrollment)
 Website Phonebook Ad in _____ Other _____

RESIDENCE IN THE STATES

Child's Residence in the States:

Address _____ City _____ State _____ Zip _____

Home Phone _____ ⇒ Guardian Family Email (required for ParentWeb) _____

Guardian's Marital Status: Married Separated Divorced Widowed Does not apply

Guardian's Name _____ Relationship _____

Business' Name _____ Occupation _____

Business Phone # _____ ext. _____ Cell Phone # _____

Proficient in English (Explain if necessary) _____

Guardian's Name _____ Relationship _____

Business' Name _____ Occupation _____

Business Phone # _____ ext. _____ Cell Phone # _____

Proficient in English (Explain if necessary) _____

FOREIGN ADDRESS

Student's Home Country Address _____ City _____

Province/Territory _____ Postal Code _____ Country _____

Home Phone _____ Church _____

Father _____ Mother _____ Email: _____

Name of person financially responsible _____

(This person must initial the financial commitment page).