



LEMCA APPLICATION FORM

Student Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	Grade Entering
Street Address		Race/Ethnic Group	Gender	Citizenship
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Primary Language Spoken at Home	Social Security #	Baptized SDA?
				Member at
Mother/Legal Guardian Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship	
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone (with area code)	Relationship to Student	# Years of Education
Work Phone	E-mail	Marital Status	Baptized SDA?	
			Member at	
Occupation	Employer		Employer Phone	
Father/Legal Guardian Information (Please print & complete all boxes)				
Last Name	First Name	Middle Name	Name Preference	
Street Address		Race/Ethnic Group	Citizenship	
City	State	Zip	Place of Birth (city, state, country)	Date of Birth
Home Phone (with area code)		Cell Phone (with area code)	Relationship to Student	# Years of Education
Work Phone	E-mail	Marital Status	Baptized SDA?	
			Member at	
Occupation	Employer		Employer Phone	