

March 2025

GRACE LITTLE LAMBS ACADEMY ENROLLMENT APPLICATION

856 West Newgrove Street Lancaster, CA 93534 (661) 948-1018

APPLICATION FOR ENROLLMENT Date of Application: **INSTRUCTIONS**: Please answer all questions below, sign, and return this application as soon as possible. Appreciating the educational advantages offered by a Christian school, we hereby request that our child be enrolled as a student at Grace Little Lambs Academy. Child's Name: ______ M___ F___ Age: _____ ____City:____ Street: Date of Birth: Date of Baptism: Grade Entering: Mother Father Name Occupation Employer Home Address Email Address Work Phone Cell Phone Church Affiliation Brothers' &/or Sisters' Names Date of Birth Are both parents living at home with this child? Yes No Parents are: Together: ____ Divorced: ____ Separated: ____ Deceased: ____ (mother/father)

(If separated or divorced, please explain the position of the child on the reverse side under "Additional Remarks."

Does your child have any disabi	lities or handicaps? All information is cor	nfidential.
Indicate your reason for applying	g to Grace Little Lambs Academy.	
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	Circle the plan desired:	
Plan A (8:00 am-12:00 pm)	Plan B (8:00 am-3:00 pm)	Plan C (6:00 am-6:00 pm)
Number of Days Enrolled Per W	Yeek: 2 3 5	
Circle Days Desired: Monday	Tuesday Wednesday Thursday Frida	ny
Any changes you may want to m	nake to your chosen plan MUST get appro	val from the office first.
color, religion, national and ethnor made to students at the school	l and Grace Little Lambs Academy of Land lic origin to all the rights, privileges, progr l. It does not discriminate on the basis of r ducational policies, admission policies, a	ams, and activities generally accorded acce, color, religion, national or ethnic
Parental Signature:		Date:
Next Steps:		

^{*}Upon completion of this application, please submit copies of a birth certificate, current immunization records, current custody records, completed preschool packet, and the registration payment.