

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

New  Returning



# Lighthouse Christian Academy

## Application for Admission 2008-2009

### Applicant Information:

Date of Application: \_\_\_\_\_

Applicant for grade: \_\_\_\_\_ Current grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Applicant name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Current School: \_\_\_\_\_

If home school, give the name of the sponsoring school: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Reasons for leaving current school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under contract with the above school for the upcoming school year?  Yes  No

Is the applicant eligible for readmission at the above school?  Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Are all financial obligations clear with the above named school?  Yes  No

*Lighthouse Christian Academy*

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**Condition of Health**    Good    Fair    Poor

Physician to be called in case of emergency:

\_\_\_\_\_

Name	Phone Number
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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical Disabilities (describe) \_\_\_\_\_

Asthmatic    Yes    No

Has the applicant ever been recommended for special education; diagnosed with a learning difference; ADD or ADHD; prescribed medication for ADD, ADHD, or similar conditions; had any childhood illness which might impair his or her ability to learn; or been recommended for drug or alcohol treatment?    Yes    No  
(If yes, please explain in detail on a separate sheet of paper and **include a copy of the latest psychological evaluations.**)

Has the applicant ever repeated a grade?    Yes    No

If yes, please explain: \_\_\_\_\_

Does the applicant receive any educational therapy, tutoring, etc., from an agency other than the public school system, including an individual tutor?    Yes    No

If yes, where/who? \_\_\_\_\_

Has the applicant ever attended a summer school program?    Yes    No

If yes, please explain: \_\_\_\_\_

Has the applicant ever had disciplinary difficulty in school?    Yes    No

If yes, please explain: \_\_\_\_\_

Has the applicant ever been in trouble with the civil authorities?    Yes    No

If yes, please explain: \_\_\_\_\_

To your knowledge, has the applicant ever used drug, alcohol, or tobacco products?    Yes    No

If yes, explain to what extent. \_\_\_\_\_

\_\_\_\_\_

Applicant's current church: \_\_\_\_\_

Youth Pastor or Sunday school teacher: \_\_\_\_\_

Name	Phone
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**Parent/Guardian Information:**

**Relationship to child:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

Does this applicant live with this parent/guardian?  Yes  No

Email address: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation/job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Will this parent/guardian be signing the enrollment contract and paying the tuition and fees?  Yes  No

**Relationship to child:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

Does this applicant live with this parent/guardian?  Yes  No

Email address: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation/job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Will this parent/guardian be signing the enrollment contract and paying the tuition and fees?  Yes  No

**Siblings:**

Name

Age

School Attended

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**Emergency Contact Information:**

Please list at least three people you would wish contacted if you are unable to be reached. Only the names which appear on this application will be able to check your child in or out of school without written permission signed by the parent/ legal guardian. This list may be updated throughout the year. It is the parent / guardian's responsibility to inform the school office of any changes.

(1) Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Relationship \_\_\_\_\_ Cellular number: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Relationship \_\_\_\_\_ Cellular number: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Relationship \_\_\_\_\_ Cellular number: \_\_\_\_\_

**References:**

Please list three references. One of the references may be your pastor.

(1) Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

**(3) Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

How were you referred to Lighthouse Christian Academy? (Please list all that apply)

- Family  Friend  Yellow Pages  Church  Internet  Word of mouth  Daycare
- Millington Star  Other

What are some of the ways you feel you can contribute your time and or talent to our school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were some of the deciding factors, which led you to enroll your child in *Lighthouse Christian Academy*?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of the ways you feel that we could serve your family better?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL INTEREST:**

- Art  Chorus  Band  Church  Drama  Cheerleading
- Baseball  Basketball  Football  Volleyball  Softball
- Yearbook  Newspaper

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**Commitment of Intent:**

*Please read carefully and initial each statement.*

I the undersigned agree:

- \_\_\_\_\_ a. To participate in the Christian education of my child(ren) by exemplifying Christian principles in our home;
- \_\_\_\_\_ b. To support the uniform policy and other policies of *Lighthouse Christian Academy* governing student behavior;
- \_\_\_\_\_ c. To donate 12 hours of service (at least one parent per family) to *Lighthouse Christian Academy*;
- \_\_\_\_\_ d. To attend any mandatory parent meetings (at least one parent/guardian) and lend support to the program of Christian education;
- \_\_\_\_\_ e. To follow a scriptural approach for dealing with difficulties that involve my child(ren). I understand that I am to communicate first of all with my child’s teacher and after that the school administrator if the difficulties cannot be resolved.

*I certify that all the information presented by me in this application is to the best of my knowledge, true, complete and accurate, and I further certify that I am not withholding any information available to me that would be pertinent to the enrollment or the class placement of this child at Lighthouse Christian Academy.*

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Name (Printed)

**THIS APPLICATION IS CONSIDERED INCOMPLETE WITHOUT THE \$250.00 (NON-REFUNDABLE) REGISTRATION FEE.**

*Lighthouse Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in administration of the educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.*