

# Student Information

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
City / State \_\_\_\_\_  
School District \_\_\_\_\_  
Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Parent Cell \_\_\_\_\_ Student Cell \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Student Email \_\_\_\_\_  
School Last Attended \_\_\_\_\_  
Address \_\_\_\_\_  
Last Grade Completed \_\_\_\_\_

# Family Information

Father's Name \_\_\_\_\_ Legal Guardian? Yes \_\_\_ No \_\_\_  
Employer \_\_\_\_\_  
Position \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Legal Guardian? Yes \_\_\_ No \_\_\_  
Employer \_\_\_\_\_  
Position \_\_\_\_\_ Business Phone \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_  
Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Other children in the family:  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

# Medical Information

Family Physician \_\_\_\_\_  
Phone \_\_\_\_\_  
Allergies \_\_\_\_\_

**Please have your doctor complete the medical form and submit it with your application.**

# Church Background

Do you regularly attend church?  
Father: yes \_\_\_ no \_\_\_ Mother: yes \_\_\_ no \_\_\_ Student: yes \_\_\_ no \_\_\_  
If yes, What church do you regularly attend?  
\_\_\_\_\_

Are you a member?  
Father: yes \_\_\_ no \_\_\_ Mother: yes \_\_\_ no \_\_\_ Student: yes \_\_\_ no \_\_\_  
Has applicant ever made a profession of faith in Christ? yes \_\_\_ no \_\_\_  
**If you are a member or regular attender of a church other than Lighthouse Baptist Church, please have your pastor mail a recommendation letter directly to the school.**

# Scholastic Information

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Has the student had chronic disciplinary difficulty at school? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Does the student have a juvenile or arrest record? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Has the student ever used tobacco or nonprescription drugs of any kind? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

# General Information

How did you hear about this school? \_\_\_\_\_  
Reason for selecting this school: \_\_\_\_\_  
\_\_\_\_\_

We must have the following before your application can be processed:

1. This completed application.
2. The pastor's recommendation (if a regular attender of a church).
3. Medical information.
4. An interview with the parents and the student.
5. Nonrefundable registration fee of \$50.00.

After completion of these items, your application will be reviewed for final acceptance.

A non-refundable book fee (this includes all books, materials, and Stanford 10 standardized testing) of \$350.00 is due upon acceptance, or you may opt to pay monthly along with tuition.

For your convenience in meeting your financial obligations, tuition can be divided into monthly installments. The first payment is due on or before August 15; the final payment is due on or before May 15 (July 15 if twelve installments).

Progress reports will be released only if your account is current. The final progress report for the year will be released only after all fees are paid in full for that school year.

"I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my child if proper arrangements are not made on a past due account.

"I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

"I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments.

"I understand that Lighthouse Christian School and Lighthouse Baptist Church of Greater York do not provide insurance coverage for injuries to individuals attending Lighthouse Christian School. Accidental health insurance coverage is completely the responsibility of the parent or guardian.

"I approve of the standards of the school and their position to not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize the school to employ discipline as it deems wise and expedient for the training of my child. I understand that corporal punishment will not be administered by school personnel and that physical restraint will only be used if deemed necessary to protect my child from causing harm to himself or to others. I understand that if my child becomes unruly and refuses to comply with the directives of the supervisor or administration, I may be required to remove my child from the premises as soon as possible.

"I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

"I certify that the facts stated above are true and correct to the best of my knowledge and belief. I understand the terms stated on this Application and agree thereto."

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date



**Lighthouse  
Christian  
School**

**Student  
Application**

**2018-2019**