

The Lighthouse Christian Academy



New Student Application *2011-12 School Year*

1424 Yale Street · Santa Monica, CA 90404 · (310) 829-2522 · (310) 829-5544 fax
www.TheLighthouseChristianAcademy.org

Thank you for your interest in the Lighthouse Christian Academy!

We look forward to the opportunity to partner with you in the Christ-centered education of your child.

The goals of the Lighthouse Christian Academy are as follows:

1. That every individual has a personal relationship with Jesus Christ and that they develop a love for the Lord. (Matthew 28:19-20: "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you.")
2. That every individual be a disciple of Jesus Christ, thoroughly equipped for every good work (2 Timothy 3:17), so that they may, "go into all the world and preach the gospel" (Mark 16:15). This is accomplished by consistent attendance of church services and involvement in church ministries.
3. That every individual grow in Christian character and scholarship so that each individual's "light" will shine to glorify the Lord (Matthew 5:16).
4. That the home, the church and the school work together to accomplish these goals.
5. That the home agrees with the doctrinal statement of the Lighthouse Church and supports the vision of the church and school, which is world evangelism, church planting and discipleship.

Sincerely,

Richard Cornett
Principal



REGISTRATION CHECKLIST, TUITION AND FEES

Name of Student: _____

Entering Grade: _____

YEARLY TUITION

\$500 a month for 12 months (August – July)

All tuition and fees must be paid by credit or debit card. See “Credit/debit Card Payment Authorization” form for more details.

REGISTRATION FEE (newly enrolling students only, non-refundable)

\$250 due upon application

LAB FEE (for all students enrolled in a science class)

\$75 flat fee per class

ATHLETIC PROGRAMS

Students who want to participate in Junior Varsity or Varsity athletics must pay the appropriate sports fee listed below at the beginning of the season. Students will not be allowed to participate in any CIF sanctioned event until all sports fees are paid.

FALL

Football \$300

Girls Volleyball \$150

WINTER

Co-ed Soccer \$150

SPRING

Swimming \$100

UPON REGISTRATION, PLEASE BRING THE FOLLOWING ITEMS:

- Registration form
- Credit/debit Card Payment Authorization form
- Signed Authorization to Release School Records
- Current health records, including Pre-participation Physical Examination form, Physical Examination form and Immunization Record
- Sports Permission form
- Copy of Birth Certificate
- Completed Church Attendance form



NEW STUDENT REGISTRATION FORM

PLEASE PRINT. PLEASE MAKE SURE ALL INFORMATION IS COMPLETE.

Student's Full Legal Name: _____ Home Phone: _____

Student's E-mail Address: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date ___/___/___ Birth place: _____ Social Security Number ___-___-___

Student's legal guardian(s) _____

Father's Name: _____ Father's Cell Phone: _____

Employer: _____ Father's Work Phone: _____

Father's E-mail Address: _____

Mother's Name: _____ Mother's Cell Phone: _____

Employer: _____ Mother's Work Phone: _____

Mother's E-mail Address: _____

Marital status of parents: _____ Child lives with: _____

Last School Attended: _____ Grade: _____ Phone: _____

School Address: _____ City _____ State _____ Zip _____

Church Affiliation: _____ Pastor's Name: _____

I desire to enroll my child at the Lighthouse Christian Academy for the following reasons:

Name of person responsible for tuition: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: _____

I will be responsible to pay the tuition of \$500 per month for 12 months for _____.

Signed: _____ *Student Name*

Date: _____

[] RELEASE OF LIABILITY

My child has permission to leave campus, unsupervised, during break and lunch times. I assume full responsibility for my child whenever he/she is off-campus and after the official end of the school day.

Signed: _____ **Date:** _____

Parent or Legal Guardian



NO STUDENT IS ADMITTED WITHOUT THE FOLLOWING:

TB skin test - All pupils entering an L.A. county school **for the first time** are required to present evidence of a tuberculosis skin test. A TB skin test (Mantoux) is required each year.

Written Immunization Record

Students entering a California school for the first time on or after March 5, 1986 must provide a **written immunization record** or receipt of each required vaccine dose. This record must show the date (at least month and year) of each required dose. Newly entering pupils who currently need additional vaccinations or who lack a written record of having received doses are no longer allowed a ten-school-day period of conditional attendance while awaiting receipt of immunization(s) or while producing a written immunization record. All required immunizations must be complete in order to be admitted to school.

Doctor's Physical Examination - All students entering school must have a complete yearly doctor's physical examination. You may use the form in the Health Packet. This form must be filled out and signed by the physician.

Copy of Birth Certificate

AUTHORIZATION TO TREAT MINOR:

I/(we), the undersigned parent, parents or legal guardian of _____, a minor, do hereby understand, consent and authorize the Lighthouse Church/Lighthouse Christian Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary medical, surgical and dental care, in case I am not immediately available. I/we also authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment rendered by any member of the Medical Practice Act, or a Dentist licensed under the provisions of the Dental Practice Act on the staff of any acute general hospital holding a current license to operate a hospital from the State in which that hospital is located. It is further understood that this authorization is given in advance of any specific diagnostic treatment or hospital care deemed advisable in their best judgment. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the student, but that none of the above treatment will be withheld if the undersigned cannot be reached. I/we understand that medical treatment authorized by the Lighthouse is my financial responsibility. Furthermore, if my child(ren) are injured while at the Lighthouse or off the premises, it is my complete responsibility. I/we understand that my child(ren) has clearance to participate in physical education class and or any other school sports; [or] state the reason(s) your child(ren) cannot participate in physical education by attaching a letter from their physician to this form. An excuse note must be sent by a medical provider listing how long the inability to participate applies. If your child has any food or drug allergies, or needs medication during school hours, please notify the office or teacher prior to the first day of school.

Signed:(X) _____
Legal Parent or Guardian

Date: _____

MEDICAL AND HEALTH INFORMATION: (All information must be complete. Please print.)

Physician Name _____ Phone: _____

Health Insurance Name: _____ Phone: _____

Policy Number: _____

Subscriber Name : _____ Relationship: _____



CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

I, _____, authorize the Lighthouse Christian Academy to charge my credit/debit card **\$500 per month on the first day of each month** for 12 months (*August 2011 - July 2012*) for the **tuition** of _____ (*Student Name*).

I authorize the Lighthouse Christian Academy to charge my credit/debit card **\$250 on** _____ (*Date of registration*) **for the registration fee** for the 2011-2012 school year. I understand that this registration fee is NON-REFUNDABLE. **For newly enrolling students only.**

I authorize the Lighthouse Christian Academy to charge my credit/debit card **\$75 on August 1, 2011** for the **lab fee** for the 2010-2011 school year for each science class in which my student is enrolled. I understand that this lab fee is NON-REFUNDABLE.

Card type (Check one.): [] Visa [] Mastercard [] Discover

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____

Three-digit Security Code: _____

Cardholder Billing Address: _____

Cardholder Billing Phone Number: _____

Cardholder Signature

Date





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Church Attendance Form

Dear Pastor,

_____ (Parents' Names), and their child

_____ (Student's Name)

have applied to the Lighthouse Christian Academy. One of our requirements is that each student attends a Christian church on a weekly basis. The student's parents have indicated that their son/daughter attends your church. Please complete the form below and return it either by mail to the address above or to the parents to return to us.

Thank you for your time.

Richard Cornett
Principal

The above named parents/children attend service at:

Name of Church

Church Address

How long has the applicant attended your church? _____

How often does the applicant attend your church?

___ weekly ___ monthly ___ holidays only ___ rarely ___ does not attend

Pastor's Name: _____ Phone Number: _____

Comments:

Pastor's Signature: _____





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Authorization to Release School Records

To: _____
Name of Former School

School Address

City State Zip Code

(_____) _____
School Phone

(_____) _____
School Fax

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all school grades, health records, achievement scores, and any other pertinent information such as special education testing regarding the student named below.

Student Name: _____

Date of Birth: _____

Last date attended: _____

Grade level entering: _____

X _____
Signature of Parent/Guardian

Date Signed: _____

X _____
Signature of School Official

Date Signed: _____

Print Name and Title of School Official

Please send records to:
Lighthouse Christian Academy
Attn: Patricia Neos
1424 Yale Street
Santa Monica, CA 90404



SPORTS PERMISSION FORM

I give permission for my son/daughter _____ to participate
(Student Name)
in the school sports _____.
(Name of Sports)

I have submitted to the Lighthouse Christian Academy a doctor's physical examination form and a copy of my child's immunization records.

Parent/Guardian Signature

Date

Print Name

