

# *The Lighthouse Christian Academy*



## **Returning Student Application** *2011-12 School Year*

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

**Thank you for choosing the Lighthouse Christian Academy!**

**We look forward to the continued 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





## ***RETURNING STUDENT REGISTRATION FORM***

**PLEASE PRINT. MAKE SURE ALL INFORMATION ON BOTH PAGES IS COMPLETE. PLEASE INFORM US IMMEDIATELY IF ANY OF THE FOLLOWING INFORMATION CHANGES DURING THE COURSE OF THE SCHOOL YEAR.**

---

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: \_\_\_\_\_

---

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 \_\_\_\_\_.*

*Student Name*

Signed: \_\_\_\_\_ 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.

**AUTHORIZATION TO TREAT MINOR:**

I/(we), the undersigned parent, parents or legal guardian(s) 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***

**PLEASE PRINT. PLEASE INFORM US IMMEDIATELY IF ANY OF THE FOLLOWING INFORMATION CHANGES DURING THE COURSE OF THE SCHOOL YEAR.**

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





## *The Lighthouse Christian Academy*

1424 Yale Street • Santa Monica, CA • 310.829.2522 • Fax 310.829.5544

www.thelighthousechristianacademy.org

### **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:** \_\_\_\_\_



***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

