



## **Student Application**

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

Dear Student and Parent,

It is the mission of the Lighthouse Christian Academy to educate the whole person and graduate students who think, judge, and act in accordance with the teachings of Jesus Christ our Lord.

We believe the cornerstone of this teaching is love, which 1 Corinthians 12:31 describes as the most excellent way to live. In the light of Biblical love, an excellent education begins with one's character, and we seek to give our students the discipline and personal responsibility on which to build a lifetime of skills and wisdom.

As we aim to prepare each student for admission to a four-year university, we also emphasize the need of every person to have a personal relationship with Jesus Christ. If we were to provide students with knowledge in science, history and mathematics, but neglect to teach them how to live and how to love God, themselves and others, then we would be attempting to build a house without a foundation.

At the LCA, the message of salvation and redemption through Christ alone permeates discussion in every academic discipline. This focus on personal faith and discipline provides students the necessary moral framework upon which to build not only the rest of their education but also the rest of their lives.

We look forward to partnering with you in seeking God's excellent plan for you and your family.

Sincerely,

Zach Scribner  
Principal

## ***REGISTRATION CHECKLIST, TUITION AND FEES***

### **YEARLY TUITION**

Tuition is \$7,200. For convenience, LCA can charge credit / debit cards \$600 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

### **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**

Soccer	\$150
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#### **SPRING**

Golf	\$150
Swimming	\$150
Track	\$150

### **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, Immunization Record and TB skin test result.
- Sports Permission form
- Copy of Birth Certificate



**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 \_\_\_-\_\_\_-\_\_\_

Entering Grade: \_\_\_\_\_

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 \$7,200 tuition 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. Lighthouse Christian Academy has the right to use the student's photograph for reproduction in any medium for the purposes of publication, advertising, display, or editorial use. No personal information will be publicized.*

**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.

**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 available on the school's website. 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) \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Parent or Guardian

**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 **\$7,200** in increments of **\$600 per month** for 12 months (*August - July*) for the **tuition** of \_\_\_\_\_ (*Student Name*). I prefer the credit card to be charged on the 15<sup>th</sup> of each month.

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

**Please note:** Transactions will be done by *Santa Monica Foursquare Church*, our legal name and parent company.

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

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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 \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Print Name and Title of School Official



***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