

Emergency Contacts

Emergency contact (other than parents): Name _____ Phone _____
Relationship to child _____

Second Emergency contact (other than parents): Name _____ Phone _____
Relationship to child _____

Authorized Pick-up/Carpool List

With the exception of parents and emergency contact person, I authorize LCA to allow my child to ride home with the following people:

Name	Relationship	Home Phone	Work Phone	Cell Phone

If at any time your child needs to be released to a person not on this list, please notify the school office. Otherwise, your child will not be released.

Section 3 – Student Information (Please use a separate sheet of paper if additional space is needed.)

Has student ever been retained in or advanced a grade? _____ If yes, please explain. _____

Has your child ever served detention, suspension &/or been expelled from a previous school? _____

Has the applicant ever been arrested or detained by law officers? If yes, please explain. _____

Has the child ever been tested for learning disabilities or special needs? If yes, please explain. _____

Does the applicant have a current, or has he had a previous IEP or 504? Yes _____ No _____ (If yes, please provide documentation.)

Has the applicant had any history of physical or emotional conditions? If yes, please explain. _____

Are there any unusual factors in your child's life? (i.e. death in the family, recent separation/divorce, relocation, prolonged illness or physical limitations) _____

Has the student ever received counseling for personal, family, or event-oriented issues? If yes, please explain. _____

Describe your child's interests, talents, and abilities. _____

List any special programs or activities in which your child has participated. _____

Give any additional information that would be helpful in meeting your child's needs. _____

Section 4 – Family Information (Please use a separate sheet of paper if additional space is needed.)

Please note that if you are filling out applications for more than one child, you should fill this section out for one child only.

Siblings:

Name

Age

School Attending

Why do you want your child/children to attend LCA? _____

How did you hear about LCA? _____

What current LCA students do you know? _____

List family members that have attended or are attending LCA.

<i>Name</i>	<i>Years Attended</i>	<i>Relationship</i>

How does LCA’s statement of faith compare to that of your church and family? Are there any areas of disagreement? _____

What type of discipline does the applicant receive at home? _____

How is your child nurtured spiritually at home? _____

Briefly share your Christian testimony (at least one parent). _____

Section 5: Parent Agreement -- Please read each statement carefully.

The relationship between Lighthouse Christian Academy and the parents of LCA students is the most important element in the total educational experience. Therefore, please read the following Parent Agreement and indicate agreement/support by signing the name of parents/guardians and the date when this agreement was read and signed.

- **Parental Support:** I agree to support the members of the Lighthouse Christian Academy faculty, staff, administration and School Board. This support includes showing proper respect to all school personnel and agreeing to bring any questions or criticism regarding procedure or discipline directly to the administration or teacher involved. I agree to use the principles found in Matthew 18 for any issues of concern.
- **Financial Obligation:** I agree to meet all of my financial obligations to Lighthouse Christian Academy. As I pay the enrollment fee, I understand my obligation and agree to pay the complete first semester tuition payments, unless I withdrawal by April 16, 2012. Once my child begins the second semester, I agree to pay the complete second semester tuition payments. **I understand that if I withdraw my child during a semester, or if the school suspends or expels my child, I am still obligated to finish out my financial commitment for the remainder of that semester.** I also understand that no school records will be released to me until all financial records have been met and that tuition is not transferable from one student to another. Upon written request by the parent or guardian, the tuition obligation may be reconsidered at the discretion of the Finance Committee.
Please initial that you have read and understand this paragraph. _____ *Father/Guardian* _____ *Mother/Guardian*
- **Statement of Faith:** I give permission for Lighthouse Christian Academy to teach all elements of the Statement of Faith to my child and am willing to support the school in its endeavors to encourage and guide my child in applying those doctrines to everyday living. I realize that a Christian school is not a substitute for the spiritual training, fellowship, and discipline of the home and local church. I agree to pray for the ministry of the school, the staff members, school board members, and fellow families as I join in partnership with LCA.
- **Policies and Procedures:** I will fully support the policies, procedures, and School Code of Conduct as outlined in the current student handbook. I further understand that any violation of these policies and procedures will result in appropriate action by proper school personnel. I will encourage my child to show honor to God, to the Word of God, and to those in authority.
- **Daily Attendance:** I agree to ensure my child’s attendance on a daily basis unless prohibited by illness or other extenuating circumstances and to encourage my child in the accomplishment of homework, projects, and other school-related activities.
- **Mandated Testing:** I agree to have my child, whether a full or part-time student, participate in any required standardized testing.

- **School Activities:** 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 any liability because of injury. In case of an accident or serious illness, I (1) request the school to attempt to contact us and (2) if they are unable to reach us, I authorize the school to seek medical attention for my child.
- **Parental Involvement:** I agree to donate a minimum of 20 hours (per family). I understand I will be invoiced \$15.00 per hour not donated.
- **Student Audio/Visual Reproduction and Use:** () I consent to and authorize... () I do not consent to...
 ...the use and reproduction by LCA of any and all photographs and any other audio/visual materials taken of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the school.
Please check and initial. _____ *Father/Guardian* _____ *Mother/Guardian*

A \$100.00 Application Fee per student is due with this application. After your application has been received and the admission process is complete, the Registration Fee of \$100.00 per student (\$150.00 after April 16th, 2012) will be billed.

Please Note: All registration and application fees are non-refundable. Make checks payable to LCA.

I agree that when I am no longer in a position to honor one or more of the above commitments, the only solution may be for my relationship with the school to be terminated. In accordance with the tenor and teachings of God's Word, I agree that the termination of this relationship on my part will be handled in a manner pleasing to our Lord and Savior, Jesus Christ.

(Father's/Guardian's signature) _____ (Date) _____

(Mother's/Guardian's signature) _____ (Date) _____

Return the completed application (all five sections), accompanying documents, and application fee to:

**Admissions
 Lighthouse Christian Academy
 1201 West That Road
 Bloomington, IN 47403
 812-824-2000
 812-824-2017 (fax)
 Office Hours: 7:45 a.m. – 4:00 p.m. during the school year**

If you have additional questions, please contact Donna Wilson, Enrollment Coordinator, at 812-824-2000, ext. 137 or donna.wilson@lighthouse-christian.com

Student Nondiscriminatory Statement

Lighthouse Christian Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. LCA does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs, and athletic and other school-administered programs.

Office use only:
 Date received in office: _____
 Amount Paid: _____
 Check No: _____

Received by: _____
 Amount of cash received: _____