

APPLICATION FOR ENROLLMENT LIGHTHOUSE CHRISTIAN ACADEMY

1123 S. CACTUS, PO BOX 520--RIALTO, CA. 92377 PHONE: (909)820-2191

Date Recd. _____ FOR SCHOOL YEAR _____

Recent Photo

Student's Full Name _____
Last First Middle

Social Security # _____

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone _____ Sex _____ Grade entering _____

School last attended _____ Last Grade Completed _____

Please indicate academic level of pupil's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Student's Birth date _____ Birthplace _____

Church Membership? ___ yes ___ no Church preference _____

How did you hear about LCA? _____

Reason for selecting this school _____

Parent/Guardian Information

Last Name First Name Middle Initial Relationship to Student

Work Phone Occupation

Last Name First Name Middle Initial Relationship to Student

Work Phone Occupation

Home Conditions: Parent Together () Separated () Divorced () Foster Home () other: _____
Living with Mother () or Father () Deceased: Father () Mother ()

Primary language spoken at home: _____

Are there any special custody conditions LIGHTHOUSE CHRISTIAN ACADEMY should be aware of? () Yes
() No If so, please explain: _____

PERSONAL AND SCHOLASTIC INFORMATION

Has this student:

Ever been expelled, dismissed, suspended, or refused admission to another school? If so explain

Ever had disciplinary difficulties _____

Ever been in trouble with the law, arrested, etc.? _____

Ever used tobacco or drugs of any kind? _____

Ever been kept back a grade in school? _____

Ever been or currently is under juvenile authority or on probation? _____

(If so, must fill out Juvenile Records Release form.)

Has your child ever been home schooled? Yes _____ No _____ If yes, grade level(s) _____

Name of immediate past school: _____

Address _____ Phone number _____ - _____ - _____

Name of Principal: _____ Most recent teacher: _____

How many schools has your child attended since 1st grade? _____

Reason for leaving the two most recent schools: _____

Has your child been placed in special education previously? Yes _____ No _____

If yes, please fill out the following information:

Tested by _____

Where _____ When _____ Placement: _____

What specific problems does this child have? _____

I understand that acceptance is tentative pending receipt of the following information:

- | | |
|--|--|
| <input type="checkbox"/> Scholastic records | <input type="checkbox"/> Health records |
| <input type="checkbox"/> Special education records | <input type="checkbox"/> Proof of immunization |
| <input type="checkbox"/> Psychological records | <input type="checkbox"/> I-20 (if applicable) |

I hereby certify that the information contained in the Application for Enrollment is true and correct to the best of my knowledge. I agree to have any of the statements verified, and authorize the references listed to provide the school any and all information concerning the applicant. I understand that any misrepresentation, falsification, or material omission of information concerning this student may result in dismissal of the student from school.

Since non-public schools are not mandated or equipped to provide Special Education, this school retains the right to determine if it is able to meet the individual needs of the applicant. I understand if it is determined the student cannot be served adequately by this school, recommendations for alternative educational placement will be made, and/or the student may be asked to withdraw at any time.

I give permission and consent for you to receive copies of all school records including special education records.

Parent/Guardian Signature

Date

For office use only: _____ accepted _____ not accepted for consideration for enrollment.

RECORD RELEASE NEW STUDENT

To the school last attended:

Address _____

City _____ State _____ Zip _____

Phone # _____

Please send all Grades, Test Results, Health Records, and any other pertinent records for the student/s listed below to:

LIGHTHOUSE CHRISTIAN ACADEMY P. O. Box 520, RIALTO, CA 92377

Student's Full Name _____

S.S.# _____ Birthday _____ Present Grade _____

Grade level at time of withdrawal _____

Address _____

City _____ State _____ Zip _____

Signature of Requesting Parent

Signature of Receiving Official Position

PARENT/GUARDIAN PLEDGE

(TO BE SIGNED BY PARENTS OF NEW STUDENTS ENROLLING IN LIGHTHOUSE CHRISTIAN ACADEMY)

We understand that our child is required to participate in all school activities including: field trips, special fun days, physical education activities, activity fair, graduation and award ceremonies. We absolve LCA from liability to us or our child because of any injury that may occur during these times. We too, will do our best to participate in any activities in which parental involvement is needed and will attend all Parent Teacher Conferences.

We agree to support the high academic standard of LCA by providing a place at home for our child to study and by encouraging our child in the completion of any homework or assignments. Homework, special assignments, activity fair projects, and studying for tests are our child's responsibility, with our help and we will not expect the teacher to assume this responsibility. We realize that final grades and failed tests are the result of our child's effort and ability.

We agree to uphold the high moral standard of LCA by providing an environment away from school, which is compatible with the Standard of Conduct of the Lighthouse Christian Academy. Thus, we will not tolerate profanity, obscenity in word or action, dishonor to the church,--to God-- or the Work of God, or disrespect to the staff of LCA, and agree to support all regulations published in the LCA student handbook. We support all discipline as is necessary for the training of our child while at school, and promise to endeavor to do our best at home to discipline wisely and consistently.

If our child has a problem with a student or staff member at LCA, we will endeavor to discover the full facts before forming an opinion. (Remember, if you do not believe all they tell you about us we will not believe all they tell us about you!)

We understand that students are admitted for one year at a time and the school reserves the right, after parental conference, to dismiss any child who fails to comply with established regulations including the Dress Code and Standard of Conduct of LCA. Furthermore, we understand that if we as parents fail to fulfill our responsibilities to the school, our child may be withdrawn. Additionally we understand that if our child uses or possesses illegal drugs, alcohol, or tobacco products or is involved in any other illegal activity at or away from school that he or she will be dismissed from school.

We have read the LCA Student Handbook and have discussed with our child all rules and regulations that pertain to him or her. He or she has promised to do his or her best to comply with all of its conditions as stated, and we agree to see that our child does so.

signature parent/guardian

signature parent/guardian

If both parents are guardians both must sign.

EMERGENCY TREATMENT IN ADVANCE OF NEED--MINOR CONSENT

Hospitals cannot provide treatment to children under 18 years of age without written consent of the parent or legal guardian, EXCEPT where delay would be life threatening. This consent form will be kept on file at Lighthouse Christian Academy for one year to use if emergency treatment is needed. Please fill in the following information so that treatment may be rendered in the most efficient manner possible.

Child's Name: _____
Last First Middle

Address: _____

City/State/Zip: _____

Name of Parent/Guardian: _____

Home Phone _____ Work Phone _____

In case of emergency, please contact the following person(s) if parent or guardian listed above cannot be reached.

Name: _____ Relationship _____

Home Phone: _____ Work Phone : _____

Address: _____

City/State/Zip: _____

Name: _____ Relationship _____

Home Phone: _____ Work Phone : _____

Address: _____

City/State/Zip: _____

Name of Child's Doctor: _____ Phone: _____

I hereby authorize Lighthouse Christian Academy and the Emergency Department Physician of the closest hospital to render treatment that they deem necessary in case of accident or illness during my absence. If possible, I prefer _____ Hospital.

 Signature of Parent/Guardian

 Date

 Signature of Witness

 Date

MEDICATION DISPENSING PERMISSION--LIGHTHOUSE CHRISTIAN ACADEMY

My child is presently under a doctor's care.

Doctor's name _____ Phone _____.

They are taking _____ and may need it while at school. I give my
kind of medication

permission for the school to dispense this medicine according to the following guidelines. I will leave a supply with the teacher for my child's exclusive use.

Directions for medication _____

I WILL NOT HOLD LIGHTHOUSE CHRISTIAN ACADEMY OR ANY OF ITS STAFF RESPONSIBLE IF MY CHILD HAS A REACTION OR PROBLEM WITH THIS MEDICINE.

parent/guardian signature
NO STUDENT WILL BE ALLOWED TO TAKE MEDICINE OF ANY KIND WITH OUR KNOWLEDGE, WITHOUT THIS RELEASE BEING SIGNED AND IN THEIR FILE AT LIGHTHOUSE CHRISTIAN ACADEMY.

**LCA NEW STUDENT QUESTIONNAIRE
FOR JUNIOR/SENIOR HIGH SCHOOL**

This form is an effort on the part of the Junior-Senior High teaching staff of LIGHTHOUSE CHRISTIAN ACADEMY to learn more about you and to help us decide if you would benefit from our program. We would therefore like you to fill out this short questionnaire answering all the questions as honestly as possible. If you have any questions of your own, please ask the interviewer.

Have you read the dress code and standard of conduct? _____

Are you willing to abide by all the rules and conditions as stated in it? _____

Do you agree to do your best to maintain a good attitude while at school? _____

Do you agree to talk to the staff and/or Pastor Larry L. Booker if you are having any problems at school?

Do you agree to work diligently at your schoolwork and cooperate with any help and suggestions the staff may offer? _____

Do you have any vision or hearing problems? _____ If yes, please explain.

Do you have any other physical problems or limitations that we should be aware of? _____ If yes, either list them here or discuss with the interviewer.

What are some of your goals? _____

What are your hobbies and interests? _____

What kind of music do you listen to? _____

What kind of books do you read? _____

Are you a Christian? _____ If no, would you like to be one? _____

Do you accept the Bible as God's word and submit yourself to its principles as a final authority? _____

Do you sincerely pledge allegiance to the American Flag? _____

Are you willing to abide by the dress code and standard of conduct, as stated in the information packet and handbook? _____

Do you want to attend this school? _____ Why or why not? _____

I have done my best to answer all these questions honestly and to the best of my ability

Student's signature



LIGHTHOUSE CHRISTIAN ACADEMY

123 S. Cactus Avenue/P.O. Box 520
Rialto, CA 92376
Ph: (909) 820-2191
Fax: (909) 820-2323

CURRENT SCHOOL REFERENCE (Teacher, Counselor, Principal)

PERSONAL INFORMATION AUTHORIZATION

The parent needs only to complete the Personal Information Authorization release portion on this form.

I understand that the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will or will not have the right of access to read this School Reference form. I hereby waive access to this form. I understand that it shall remain confidential and I will not have access to read it in part or whole. Also, authorization is hereby granted by the parent/guardian to release previous or current school information and opinions requested on this reference form to Lighthouse Christian Academy, to which the below named student has made application for entrance. **Please PRINT.**

Prospective Student's Name: _____ Birthdate: _____ Present Grade: _____

Signature of Authorized Parent/Guardian: _____ Date: _____

SCHOOL OFFICIAL EVALUATION

To be completed by a Teacher, Counselor, or Principal of the school the applicant currently attends or previously attended.

The above named student is making application to attend Lighthouse Christian Academy. We would appreciate the following information on this prospective student. Information given to us will be held in the strictest confidence and will be used solely by the school authorities in the admissions process. **Please do not return this form to the student or parent. Instead, forward it directly to the address listed at the top of this form. Thank you!**

Name of School: _____ Years in Your School: _____ Present Grade Level: _____

How long have you known the student? _____ In what capacity? _____

Attendance Record: Seldom/never absent Average absences Excessively absent

Punctuality Record: Seldom/never tardy Average tardies Excessively tardy

Work Habits: Works to potential Has more potential than demonstrates Poor work habits Not sure

What is your estimate of the applicant's relationship with their peers?

Excellent relationships Satisfactory relationships Average relationships Difficult relationships

What is the applicant's relationship with school authorities as it relates to their behavioral record?

Excellent relationship Satisfactory relationship Average relationship Difficult relationship

What is the level of cooperation of the applicant's parents, as it relates to school personnel and policies?

Constructive-cooperative Critical but cooperative Non-cooperative Not sure

TEST DATA

Please provide data regarding standardized testing. A copy of the individual student testing profile for the last two years is preferred. However, if not possible, please specify the test taken and enter the information below.

Name of standardized test: _____ Which edition? _____

GRADE	DATE	READ TOTAL National %tile	LANG TOTAL National %tile	MATH TOTAL National %tile
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you think the standardized test scores reflect actual achievement? If no, please explain. YES NO

Were there any special studies or remedial work conducted at the applicant's school? YES NO
Comments: _____

Please give your judgment concerning the student's ability in the following by checking the appropriate blank.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN
Composition/Writing	_____	_____	_____	_____	_____
Reading	_____	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____	_____

Junior and Senior High Schools Only:

Please identify the student's current math course _____ Textbook _____

By the end of the year, will this student have completed Pre-Algebra? YES NO

By the end of the year, will this student have completed Algebra? YES NO

Upon completion of the current math course, in which math course should this student be placed? _____
(General Math, Pre-Algebra, Algebra I, Geometry, Algebra II, Pre-Calculus, Calculus, other math course)

Has the student successfully completed the first year of a foreign language? YES NO

Which foreign language? _____ Textbook _____

General Comments: _____

Official Signature: _____ Position: _____ Date: _____

Printed Name: _____



LIGHTHOUSE CHRISTIAN ACADEMY

123 S. Cactus Avenue/P.O. Box 520
Rialto, CA 92376
Phone: (909) 820-2191
Fax: (909) 820-2323

PERSONAL REFERENCE (Pastor or Adult Family Friend)

PERSONAL INFORMATION AUTHORIZATION

The parent needs **ONLY** to complete the Personal Information Authorization release portion on this form. Please **PRINT** or **TYPE**.

I understand the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will or will not have the right of access to read this Personal Reference form. I hereby waive access to this form and I understand that it shall remain confidential and I will not have access to read it in part or whole. Also, authorization is hereby granted by the parent/guardian to release previous or current school information and opinions requested on this reference form to Lighthouse Christian Academy, to which the below named student has made application for entrance.

Prospective Student's Name: _____ Birthdate: _____ Present Grade: _____

Signature of Authorized Parent/Guardian: _____ Date: _____

PASTORAL/ADULT FAMILY FRIEND REFERENCE

The above named student is making application to attend Lighthouse Christian Academy. We would appreciate the following information on this prospective student. Information given to us will be held in the strictest confidence and will be used solely by the school authorities in the admissions process. **Please do not return this form to the student or parent. Instead, forward it directly to the address listed at the top of this form. Thank you!**

How long have you known the applicant? _____ In what capacity? _____

What church services and activities does the applicant regularly attend? Sunday School Church Service
 Youth Ministry/Group Church Choir/Drama Bible Study Unknown
 Other: _____

CHARACTER QUALITIES (Can they be relied upon?)	<input type="checkbox"/> Trustworthy <input type="checkbox"/> Needs Watching	<input type="checkbox"/> Dependable <input type="checkbox"/> Not Dependable	<input type="checkbox"/> Minor Deceptions <input type="checkbox"/> Unknown
PERSONAL EFFORT (What kind of effort?)	<input type="checkbox"/> Pursues Excellence <input type="checkbox"/> Takes the Easy Way	<input type="checkbox"/> Hard Worker <input type="checkbox"/> Gives Up	<input type="checkbox"/> Good Effort <input type="checkbox"/> Unknown
PERSONALITY (Building relationships)	<input type="checkbox"/> Extroverted <input type="checkbox"/> Shy and Reserved	<input type="checkbox"/> Friendly <input type="checkbox"/> Loner	<input type="checkbox"/> Somewhat Reserved <input type="checkbox"/> Unknown
PARENT RELATIONSHIPS (Getting along with parents)	<input type="checkbox"/> Excellent <input type="checkbox"/> Consistent Problems	<input type="checkbox"/> Respectful <input type="checkbox"/> Obvious Difficulties	<input type="checkbox"/> Few Problems <input type="checkbox"/> Unknown
MORAL RELATIONSHIPS (Opposite sex, drinking, language, smoking)	<input type="checkbox"/> Excellent <input type="checkbox"/> Questionable	<input type="checkbox"/> Occasional Problems <input type="checkbox"/> Consistent Struggles	<input type="checkbox"/> Some Problems <input type="checkbox"/> Unknown
LEADERSHIP (Influencing others)	<input type="checkbox"/> Excellent <input type="checkbox"/> Follower	<input type="checkbox"/> Consistently Positive <input type="checkbox"/> Leads Others Astray	<input type="checkbox"/> Occasionally Positive <input type="checkbox"/> Unknown

- | | | | |
|--|--|--|--|
| EMOTIONAL CHARACTER
(How are their emotions?) | <input type="checkbox"/> Very Stable
<input type="checkbox"/> Up and Down | <input type="checkbox"/> Well Balanced
<input type="checkbox"/> Apathetic | <input type="checkbox"/> Highly Emotional
<input type="checkbox"/> Unknown |
| OTHERS
(How do they treat others?) | <input type="checkbox"/> Demonstrates Caring
<input type="checkbox"/> Inconsistent Caring | <input type="checkbox"/> Concern for Others
<input type="checkbox"/> Apathetic | <input type="checkbox"/> Encourages Others
<input type="checkbox"/> Unknown |
| ACTIVITIES
(School, social, community) | <input type="checkbox"/> Always Participates
<input type="checkbox"/> Seldom Participates | <input type="checkbox"/> Participates
<input type="checkbox"/> Never Participates | <input type="checkbox"/> Occasionally Participates
<input type="checkbox"/> Unknown |
| HEALTH
(What is their health pattern?) | <input type="checkbox"/> Excellent
<input type="checkbox"/> Below Average | <input type="checkbox"/> Above Average
<input type="checkbox"/> Poor | <input type="checkbox"/> Average
<input type="checkbox"/> Unknown |

Does the applicant possess any special abilities, talents, interests, or sports participation? _____

Can you tell us about any honors won or unusual achievements accomplished by the applicant? _____

Is there any record of the applicant's conduct, which has required unusual disciplinary action?

Yes No Unknown: If yes, please comment: _____

In your personal opinion, would this student be an asset to Lighthouse Christian Academy? Yes No

If yes, please comment: _____

Taking into consideration all of the previous evaluation information, what is your recommendation for admission to Lighthouse Christian Academy?

<input type="checkbox"/> Highly Recommend	<input type="checkbox"/> Confidently Recommend
<input type="checkbox"/> Hesitantly Recommend	<input type="checkbox"/> Do Not Recommend

Please make any final comments, which would help in the overall evaluation of this applicant: _____

May we call for further clarification if necessary? ____ Yes ____ No Phone # _____

Signature _____ Date _____

Please **Print** Name _____

Pre-K and Kindergarten Registration Questionnaire

Child's Name _____ Gender: M F

Name Used: _____ Birthday _____

Food Allergies: _____

Other Allergies: _____

Has your child been to preschool? _____ If yes, where? _____

Hours per week? _____ How many years? _____

We would like to know about your family; please list the members of your household and specify siblings' ages. _____

A good classroom program requires a lot of parent support. We need parents to help with classroom preparation and activities, special events planning, and supervision on field trips, etc. If you would be willing to be a classroom volunteer, please indicate what area you are able to help with.

Please use the following space for personal comments about your child that would be helpful to us in making your child's Pre-K or Kindergarten experience successful.

Thank you for sharing your child with us. We look forward to a fun year where your child can grow spiritually, physically, and academically.