

Lighthouse Christian Academy

APPLICATION - FORM 1 of 9

Term 20__-20__

Date_____

Office Use Only

Interviewed By: _____ Status: _____

STUDENT INFORMATION

(Please print or type)

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Phone (____) _____ Birthday ____/____/____ Age _____ Sex _____

Grade to Enter _____ School Last Attended _____

Address _____ Last Grade Completed _____

FAMILY INFORMATION

Father's Name _____ Employment _____

Position _____ Business Phone _____
Cellular Phone _____

Mother's Name _____ Employment _____

Position _____ Business Phone _____
Cellular Phone _____

Emergency Name _____ Emergency Phone _____

Marital Status - **Father**: Married _____ Divorced _____ Widow _____ Separated _____

Marital Status - **Mother**: Married _____ Divorced _____ Widow _____ Separated _____

STUDENT INFORMATION - FORM 2 of 9

Lighthouse Christian Academy is not structured or staffed to meet the academic needs of students who have serious learning disabilities. This is especially so in the case of serious reading disabilities. Since much of the curriculum is self-instructional, the progress of a student is very much contingent on reading ability. Since Lighthouse Christian Academy does not have sufficient staff to give the large amount of personal time needed to those who have such disabilities, we are not able to accept such students. Our recommendation is to homeschool or enroll them in a Christian school which can give the specialized help that is needed.

Does the applicant have any type of learning disability?

Please indicate academic level of the applicant's previous work: Please circle one.

Excellent

Good

Average

Poor

Has the applicant ever failed? If so, please explain.

Has the applicant ever been expelled, dismissed, suspended, or refused admission to another school? If so, please explain.

Has the applicant ever had any disciplinary difficulties? If so, please explain.

Has the applicant ever been in trouble with the law or arrested? If so, explain.

Has the applicant ever used tobacco or drugs of any kind? If so, please explain.

AGREEMENT - FORM 3 of 9

We have read the Student Handbook and read and completed each of the nine (9) forms. The desire to enroll our child in a Christian school is a conviction based on the Word of God. We agree to the following:

1. We have read and understand the Student Handbook and we agree with it completely. We agree that our child must abide by all the policies, rules, and regulations of the school, including those listed in the Student Handbook. We will support Lighthouse Christian Academy with our prayers and attend all school functions including the Parent/Teacher Fellowship.
2. We understand and agree that the instructors and other school officials will guide the education of our child. We agree that our purpose in obtaining a Christian education for our child will be achieved by following the curriculum set by the instructors. To that end, we agree that we will require our child to perform, all duties and responsibilities entrusted to him by the instructors or school officials to the best of his/her abilities and their satisfaction. We understand and agree that during our child's enrollment the courses offered and the instructors teaching them may change from time to time at the discretion of the school leadership.
3. We understand and agree that our child has no right to publish and distribute a student newsletter or any other publication.
4. We understand and agree that attending Lighthouse Christian Academy is a privilege and the school reserves the right to suspend or expel our child from the school for just cause, as determined by the school.
5. As we are Christians and Lighthouse Christian Academy is a Christian ministry organization, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this agreement. To do otherwise, would be in clear violation of Biblical teaching and practice.
6. We certify that we will explain this agreement and its meaning to our child. We will assist the school in every way necessary to ensure our child abides by the terms of the agreement.

Father's Signature _____

Mother's Signature _____

Date _____

Student's Signature (7th grade and above)

MEDICAL HISTORY - FORM 4 of 9

It is MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until readmission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you!

Pupil's Name: _____ Birth Date: _____ Sex: _____

Father's Health _____ If deceased, cause _____

Mother's Health _____ If deceased, cause _____

PAST DISEASES - If your child has had any of the following, state age when he/she had them.

Mumps _____

Chicken Pox _____

Measles _____

Pneumonia _____

Whooping Cough _____

Polio _____

Asthma _____

Convulsions _____

Hay Fever _____

Heart Disease _____

Diphtheria _____

Diabetes _____

Scarlet Fever _____

Discharging Ears _____

Rheumatic Fever _____

Other _____

RECENT DISEASES - Please check any one of the following noted recently:

Dental Defects _____

Hernia (Rupture) _____

Fainting Spells _____

Ringworm _____

Abdominal Pains _____

Nose Bleeding _____

Frequent Urination _____

Growing Pains _____

Allergies _____

MEDICAL HISTORY - FORM 5 of 9

Pupils Name _____

The State of Maine requires students to be fully immunized before they can be accepted as a student in any private school. The State of Maine, also, requires parents to provide the school with written proof of all immunizations from a physician or clinic. You and your child will not be able to have an enrollment interview with the school principal until:

- (1) Your child is properly immunized
(2) You have recorded the dates of immunization on this form
(3) You have provided written proof of all immunizations.

IMMUNIZATION RECORD -

Please list dates of each:

Table with 6 columns and 5 rows for immunization records: Polio, DPT, Measles, Mumps, Rubella.

State law requires all students to have a second measles immunization prior to the start of grade seven. The school administration requests that this immunization be completed prior to your interview with the principal.

Date of second measles immunization _____

Does your child have a disability due to disease or accident? _____

Has your child had a skin test for tuberculosis? _____ Date _____

Has he/she been associated with a tubercular patient? _____ Date _____

Family Physician _____ Phone Number _____

Reminder: No pupil will be excused from Physical Education for an extended period of time without a written note from a physician.

We hereby give the staff of Lighthouse Christian Academy permission to administer Tylenol (Acetaminophen) to our child if the need arises. Dosages Recommended: _____

Father's Signature _____ Mother's Signature _____

FIELD TRIP AUTHORIZATION – FORM 6 of 9

Throughout the school year we will be taking a variety of field trips for academic and entertainment purposes. Prior to any field trip we will send home a notice telling you the specifics of each trip. With that in mind this is a general consent and release.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON ANY ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Lighthouse Christian Academy and its agents and employments, harmless from any liability, actions, causes of action, claims, expenses and damages on account of injury to my child or property, even injury, resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THAT CONTACTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Father's Signature _____

Mother's Signature _____

Date _____

PARENT/STUDENT HANDBOOK – FORM 7 of 9

I HAVE READ AND UNDERSTAND THE Parent/Student Handbook. As a student or as a parent of a student, I agree to abide by all of the rules listed in the Parent/Student Handbook

Father's Signature _____

Mother's Signature _____

Date _____

Student's Signature (7th grade and above)

TRANSPORTATION - FORM 8 of 9

Normal manner/mode of student's daily transportation to and from school will be:

Someone to provide transportation during an emergency or an unexpected early school closing can be reached by calling:

Name: _____ Telephone _____

Note: If someone other than the parent or designated driver that is previously arranged with the school is picking up your children any given day, a telephone call must identify themselves to the staff member on duty.

If student drives to school, student must not leave premise early, unless a note from parent is obtained.

If student with license is tardy or anticipates being absent, a call to the school by 8:15 a.m must be given.

Father's Signature _____

Mother's Signature _____

Date _____

STUDENT RECORDS RELEASE – FORM 9 of 9

To Releasing School Counselor:

Date_____

School Name

Address

City

State

Zip/Postal Code

Dear Counselor:

My child(ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Accepting School:

**Lighthouse Christian Academy
178 Monroe Highway
Brooks, Maine 04921
(207) 722-3197**

Student's Name

Grade Level
(at time of withdrawal)

Age

Signature of requesting Parent/Guardian

Signature of Principal