

Please fill out enrollment pack and return to school address.

Lighthouse Christian Academy
3533 Kentucky Rd.
Seneca, MO 64865



Visit www.LCAschool.org for more information on our school.

*Welcome to
Lighthouse Christian Academy*

Statement of Purpose

Lighthouse Christian Academy will continue to provide educational consultation, maintenance of records, forms, testing, and all other services as listed in our handbook. We are here to work with the home in helping parents give their children a quality education. Students will be accepted regardless of race, creed, or color, if they will agree to the policies and rules of the school.

“I agree to uphold and support the high academic standard of Lighthouse Christian Academy by providing a place at home for my children to study and by encouraging my children in the completion of required work.”

“I appreciate the standards of the educational ministry and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, disrespect to authority, or academic dishonesty.”

“I understand that Lighthouse Christian Academy reserves the right, after parental conference, to dismiss any child who fails to comply with the established regulations or does not complete required work.”

“I understand that the expected achievement is 5 units successfully passed 70% or above per subject per semester. Should my student fall below the unit minimum, he/she can be placed on probation for the following semester.”

Father's Signature

Date

Mother's Signature

Date

All forms must be completed and accompany this application.

All accounts without a high credit rating will be on cash or money order basis until a credit rating is established.

FAMILY PLEDGE

I pledge my sincere effort to consider the following, even though I realize that God alone is the righteous Judge of my motive:

FIRST - To protect my mind, body, and morals from evil companions by not making them my intimate associations. (See Proverbs 4:14; 13:20; 24:1.)

SECOND - To wisely and very conscientiously select the television programs that I watch; and turn from those programs that have vulgar jokes, immoral sex scenes. (See Ps. 101:2b-3a and Philippians 4:8.)

THIRD - To protect my mind from music that creates a reckless spirit or lyrics which suggest:
A. Turning against authority.
B. Living for SELF only.
C. Immorality.
(Exodus 20:12; Hebrews 13:17; Philippians 2:3-4; Matt.16:24; I Corinthians 5:9-11; Colossians 3:5-6)

FOURTH - To seek to honor God in all I do in order to present my life as a positive Christian testimony. (See Titus 2:12; I Timothy 6:11; Philippians 1:9-11.)

1st Student Signature

Date

2nd Student Signature

Date

Father's Signature

Date

Mother's Signature

Date

(This form must be signed and returned with the Application.)

Lighthouse Christian Academy

Financial Commitment

We understand that as a private school, Lighthouse Christian Academy does not receive governmental financial help for operational expenses and that prompt payment of all expenses incurred for the education of our child/children will be considered as a sign of our concern for sound and responsible education practice.

We understand that should unexpected events (such as earthquakes, floods, acts of war, or attempts to curtail religious freedoms by governmental agencies) cause the closing of our Christian school for any length of time, no money will be refunded; and should our child/children be withdrawn from Lighthouse Christian Academy no money will be refunded.

We further realize that all projects, test results (diagnostic, C.A.T., etc.) are the property of Lighthouse Christian Academy but are available for inspection on request.

We understand that our financial responsibilities are as follows and agree to pay on this basis:

	(Year)* Plan "A" One Payment	(August/April) Plan "B" - Nine Months
Elementary (Kindergarten through 6th)	\$1,496.25	\$175.00
Junior High School (7th and 8th)	\$1,496.25	\$175.00
High School (9th through 12th)	\$1,496.25	\$175.00

(*) A 5% discount is given when the tuition is paid in full. Families that pay yearly, need to check monthly charges for repeat materials, etc. To get a discount on tuition, when there is more than one child attending, they must be from the same family, such as brother/sister. This does not apply when two or more families are living in one household.

Late Fees: Payments are due the 1st of every month. Payments received after the 10th day of the month will be charged a late fee of **\$25.00**. This also applies to any balances over **\$25.00**. Accounts must be paid in full by the last day of each month. If your account has not been cleared by the last day of the current month, your child will not be permitted in class until your account is paid in full.

Returned Checks: A service fee of **\$25.00** will be charged for returned checks. This must be cleared within five (5) working days or your child will not be permitted to remain in Lighthouse Christian International. This must be paid by cash or money order.

Total Yearly Tuition: \$ _____
 Monthly Tuition for Nine Months: \$ _____

Agreement

My signature below signifies agreement to meet my financial obligations as outlined above and submission to program requirements.

 Father's Signature

 Mother's Signature

Date: _____

Date: _____

Immunization Record

This record is part of the student's permanent record (cumulative folder) as defined in the Education Code and shall transfer with that record. Local health departments shall have access to this record.

VACCINE	DATE EACH DOSE WAS GIVEN				
	1 st	2 nd	3 rd	4 th	5 th
POLIO (OPV or IPV)					
DTP and/or DT / Td					
MEASLES (Rubella 10-day, red measles)			Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps, and rubella (M-M-R). If the student received any combined vaccine, enter the date in each appropriate box. T.B. Test Date: _____ Neg _____ or Pos _____		
RUBELLA (German measles, 3-day measles)					
MUMPS					

To the best of my knowledge, the above information is true and accurate.

Parent's Signature: _____ Date: _____

(You may also mail or fax a copy to the school office)

STUDENT RECORD RELEASE

To Releasing School Counselor:

_____ Date

_____ School Name

_____ Address

_____ City

_____ State

_____ Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their academic, health, and behavioral records to the following school: Thank you.

Accepting School

Lighthouse Christian Academy
3533 Kentucky Rd.
Seneca, MO 64865

Students' Names
(Last name first)

Age

Grade Level at Time
of Withdrawal

Students' Names (Last name first)	Age	Grade Level at Time of Withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent

Signature of Receiving Principal

Legal Custody Policy

- I. A single parent, grandparent, or a foster parent must provide written documentation of the legal custody of the child /children enrolled, i.e. a court decree or private settlement agreement.

- II. Only the person who has legal custody of the child/children has the authority to make decisions regarding the child's/children's education.

- III. If divorced parents share legal custody of the child/children and provide written documentation to the school, both parents must agree on decisions relating to matters of education and medical care.

- IV. Grandparents and foster parents still need approval from the child's/children's parents regarding educational decisions.

- V. Legal custody of a child/children must be established before enrollment is completed. All legal custodians are required to adhere to the following:
 1. Sign the Parent Agreement.

 2. Foster parents must provide the school with legal papers that show they have legal custody and authority to make educational decisions for students enrolled.

 3. If a foster parent does not have sole legal custody, signed authorizations from both noncustodial parents and from the foster parents, must be provided for children who are enrolled.

 4. If a grandparent is merely a baby sitter and does not have legal custody, the Parent Agreement must be signed by both the parents and the grandparents. E. Enrollment will not be complete until permission to enroll the child/children is given, in writing, by the parent named in the official custody papers as having authority to make decisions regarding the child's/children's education.

 5. Any restrictions in the official custody papers, not in keeping with official school policy will negate enrollment. Such restrictions may include: (1) after school pick up, (2) free exercise of religious instruction, and (3) standard of conduct.

 6. Written directions as detailed in the official custody papers will be followed relative to: (1) Calls in the event of an emergency, if the child fails to attend school, or if there is a discipline problem; (2) receiving school notices; and (3) accessing the student's records.

 7. If a noncustodial parent is unavailable or the whereabouts are unknown, the person with legal custody must provide a signed affidavit disclosing such details and give information about plans to sever the absent parent's right to legal custody.

Medical History

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to academy authorities. Your cooperation will be greatly appreciated. Thank you.

General Information:

Student's Name: _____ Sex: _____ Birth Place: _____ Birth Date: _____

Father's Name: _____ Occupation: _____ Health: Good/Bad/ Deceased

Mother's Name: _____ Occupation: _____ Health: Good/Bad/Deceased

Doctor's Name: _____ Address: _____ Phone: _____

Past Diseases: (If your child has had any of the following, state age when he/she had them)

Asthma _____ Discharging of ears or infection _____ Pneumonia _____

Chicken pox _____ Hay fever _____ Polio _____

Convulsions _____ Heart disease _____ Phenumatic cough _____

Diabetes _____ Measles _____ Scarlet fever _____

Diphtheria _____ Mumps _____ Whooping cough _____

Recent Disabilities: (Please check all that apply)

4 or more colds yearly _____ Fainting spells _____ Hearing difficulty _____

Frequent sore throat _____ Abdominal pain _____ Tires easily _____

Poor vision _____ Frequent urination _____ Breathing shortness _____

Frequent leg pain _____ Allergies _____ Hernia (rupture) _____

Dizziness _____ Persistent coughs _____ Ringworm _____

Frequent sties _____ Speech impediment _____ Nose bleeds _____

Dental defects _____ Crippling conditions _____ Growing pains _____

Personal Record: (Please answer the following)

Is he/she shy? _____ Over active? _____ Bites fingernails? _____ Sucks thumb? _____

Has excessive fears? _____ Temper tantrums? _____ Likes school? _____

Plays well with others? _____ Eats breakfast? _____ He/she bedtime? _____

When is he/she rising time? _____

Notes: (Please note any other information the academy should be made aware of)

Parent's Signature

/_____
Date

Identification and Emergency Information

General Information

Student's Name: _____ Sex: _____ Birth Place: _____ Birth Date: _____

Father's Name: _____ Day Phone: _____

Home Address: _____ Phone Number: _____

Mother's Name: _____ Day Phone: _____

Home Address: _____ Phone Number: _____

Legal Guardian: _____ Day Phone: _____

Emergency Contacts

Name	Day Phone	Relationship
1. _____	/ _____	/ _____
2. _____	/ _____	/ _____

Medical Information

Physician's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

Dentist's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

If physician or dentist cannot be reached, what action should be taken by the school?

Persons Authorized to Transport Child to and from the School:

Name	Day Phone	Relationship
1. _____	/ _____	/ _____
2. _____	/ _____	/ _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

Consent to Treat a Minor

I/we the undersigned parents/legal guardians of _____ do hereby authorize the staff of Lighthouse Christian Academy to act as agents for the under-signed to receive any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment, or hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician and/or surgeon under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of my/our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken.

Father's (Guardian's Signature) _____ Date: _____

Mother's (Guardian's Signature) _____ Date: _____

Please specify if allergic to any medication, food, etc.

If there are any physical problems or any special instructions, please comment:

He/she may be given Tylenol, cough syrup, or Pepto-Bismal: Yes _____ No _____

Parent Agreement

We the undersigned parents or guardians of _____ do hereby request enrollment in LCA for our child. We know the Bible places primary responsibility for education on the home, especially the father, and we request this school to assist us in meeting this responsibility. It is our conviction that our child must have an academic education based on the Word of God and its teachings. We hereby certify that we request this school to operate on our behalf with the following understanding.

1. I understand that it is an effort of this school to meet the needs of the families of the church and the community to train up our children in the way that God would have them to go, and the Bible teachings will be reflected in all the affairs and teachings of this school.
2. I understand that it is expected of our family that we will maintain a family and church life that is consistent with the teachings of the Word of God. This should include regular prayer and Bible reading, church attendance, and the loyal support of the school ministry.
3. I understand that we expect the school to exercise consistent Biblical discipline and that we will honor their judgment about the necessity of such discipline should it be recommended.
4. I realize that from time-to-time children take issue with actions with which they do not agree, and they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism: that I will correct my child, support the school personnel, and call for full details at any time I have a question about any incident.
5. I understand that my children will be diagnostically tested and prescribed curriculum at their academic level of achievement, and not necessarily at their chronological age.
6. I further realize that building strong relations with my child's teacher to aid in the training of my child is as much my responsibility as it is the schools. I will pray for the staff and the program, cooperate with them in discipline, accept their judgment in all such matters, lay a spiritual foundation through Godly example in the home, support spiritual training of chapels, revivals, etc., follow through with any work assignments or slips that need to be signed, see that my child reaches school on time, send written excuses for absence or tardiness, cooperate in training my child to respect school property and pay for irregular abuse of the same, attend all parent functions, and assist in promoting the school.
7. Parents or students who are not in harmony with the school standards or programs will be asked to submit to the program; if they will not, the parents will be asked to withdraw their child.
8. I realize that attending LCA is a privilege and not a right. It is my intention to abide by the decisions and support the discipline of the administration.

I have read the information materials furnished and agree to insist that my child submit to the program's academic and disciplinary regulations and all other requirements instituted by the administration and carried out by the faculty.

Father's Signature

Date

Mother's Signature

Date

Student Handbook Acknowledgement

We the undersigned parents or guardians of

acknowledge receipt of the Lighthouse Christian Academy Family Handbook and have read it, or had it read to us, and we understand it and agree to carry out all policies, directives and requirements listed in the handbook.

Father's Signature

Date

Mother's Signature

Date

Athletic Consent and Release

I, the undersigned parent (s) or guardian (s) of _____ Age _____ hereby consent to the participation of my child in the activities connected with the Lighthouse Christian Academy athletic program. I certify that my child is able to participate in all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency they have been listed below. In the event that an emergency occurs, I may be reached at the telephone listed below. If I cannot be reached within a reasonable period of time, as determined by the staff, I hereby authorize the staff to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I understand and hereby agree to assume all of the risks which may be encountered in said activities, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Lighthouse Christian Academy, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or any other associated activities including, but not limited to, any injury to my child or property, even an injury resulting in death.

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 Missouri and that if any portion hereof 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. It is understood that as a part of Lighthouse Christian Academy, I agree to abide by our deeply held spiritual belief that all Christians are prohibited from bringing civil lawsuits against other Christians or the Church to resolve personal disputes. We do believe, however, that a Christian may seek compensation for injuries from another Christian's insurance company as long as the claim is pursued without malice or slander. (I Corinthians 6:1-8, Ephesians 4:30-32) Lighthouse Christian Academy accepts the Biblical formula for conflict resolution as found in Matthew 18:15-17.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Consent and Release Form for Athletic Activities

Telephone number where I can be reached in an emergency: _____

Medical conditions to be aware of and physical restrictions:

Instructions and medications: Date of last tetanus or booster:

I do not wish my child to participate in the following:

Parent/Guardian Signature: _____ Date: _____

Authorization For Off-Campus Activities

Name of Student: _____ Date: _____

Address: _____ Phone: _____

I consent to have my child participate in field trips away from school. I also authorize Lighthouse Christian Academy to call an emergency ambulance in case of accident or acute illness and to arrange for all necessary emergency medical care in case I am not immediately available. Any qualified physician, called by Lighthouse Christian Academy staff, may treat and do whatever is necessary for the good health and well being of my child.

I also agree to accept all financial responsibility for medical care.

Physician's Name: _____ Phone: _____

Address: _____

Father's Name: _____ Day Phone: _____

Employed By: _____

Mother's Name: _____ Day Phone: _____

Employed By: _____

Relative or Neighbor: _____ Day Phone: _____

This form must have the parent's or guardian's signature. Please indicate if your child is in the custody of one parent _____ both parents _____ guardian _____

Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian: _____ Date: _____

Insurance Carrier: _____ Policy Number: _____

Photography Consent

Permission is given for my child's picture to be taken at any time. These pictures may be used for educational and promotional purposes or for display in classroom pictures, etc.

Parent's Signature: _____ Date: _____

Standard of Conduct

Students name: _____ Age _____

The student's attitudes, conversation, and behavior reflects the character of the institution from which he derives his training, both home and church. This form reflects on the Christian school's attempt to secure students who would best adjust to the rigor of a highly disciplined training program that must set high standards. These standards will result in a characterized student to lead in the reformation for our nation and the world.

Do you attend church regularly ? _____ Where? _____

Are you a Christian? _____ At what age did you receive Christ as your Savior? _____

Do you accept the Bible as God's Word and submit yourself to its principles as a final authority in every area of your life? _____

Will you promise not to draw, wear, or display in any way anti-Christian symbols? _____

Will you agree to dress according to the uniform guidelines and hair code? _____

Will you agree to dress in public in a manner that will be a consistent, daily example of our Lord Jesus Christ? _____

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? _____

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere.

Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines it is necessary.

As a student of Lighthouse Christian Academy, I pledge to uphold this school's standards against, cheating, swearing, smoking, gambling, dancing, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program while I am a Student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims and standards of the school.

_____/_____
Student's Signature Date

_____/_____
Parent's Signature Date