

Please fill out enrollment pack and send to school address.

Lighthouse Christian International

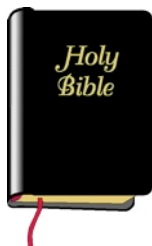
3533 Kentucky Rd.

Seneca, MO 64865



Visit www.LCIschool.org for more information on our online school.

*Welcome to
Lighthouse Christian International*



Application for Enrollment in Lighthouse Christian International

This application is for students who desire to enroll for the _____ academic school year.

The registration fee of \$25.00 for the first student in the family with a \$5.00 reduction for each additional child in the family must accompany this application and is nonrefundable. (This includes the testing fee.)

Last Name:	Home Phone:
Father's First Name:	Mother's First Name:
Father's S.S. #: (This is voluntary and not required.)	Mother's S.S. #: (This is voluntary and not required.)
Home Address:	
Work Address:	
Church Attended: Attend Regularly: Yes No	
Will your Pastor provide recommendation for Independent Study? Yes No (Circle choice)	
Will your family be enrolling in Home School Legal Defense? Yes No (Circle choice)	

Names of children in family seeking enrollment in Lighthouse Christian International:

Name	Age	Sex	Birth Date	Entering Grade	Cost
_____	_____	_____	___/___/___	_____	\$ 25.00
_____	_____	_____	___/___/___	_____	\$ 20.00
_____	_____	_____	___/___/___	_____	\$ 15.00

Lighthouse Christian International 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 International 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 International 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.

Enrollment History

School last attended: _____

Address: _____

Street City Zip
Phone: (____) (____)
Day Evening

Have all financial obligations to previous schools attended been fulfilled?

Yes No

Has student ever been expelled, dismissed, suspended, or refused admission to another school?

Yes No If yes, please explain: _____

Has student ever had any disciplinary difficulties?

Yes No If yes, please explain: _____

Has student ever been in trouble with the law, arrested?

Yes No If yes, please explain: _____

Has student ever used tobacco or drugs of any kind?

Yes No If yes, please explain: _____

Please indicate academic level of student's previous work:

Excellent Good Average Poor

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 International

Financial Commitment

We understand that as a private school, Lighthouse Christian International 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 International no money will be refunded.

We further realize that all projects, test results (diagnostic, C.A.T., etc.) are the property of Lighthouse Christian International 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)	\$1,285.50	\$150.00
Junior High School (7th and 8th)	\$1,285.50	\$150.00
High School (9th through 12th)	\$1,285.50	\$150.00

(*) 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 International 3533 Kentucky Rd. Seneca, MO 64865

Students' Names
(Last name first)

Age

Grade Level at Time
of Withdrawal

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Signature of Requesting Parent

_____ Signature of Receiving Principal