

# PARENTAL INFORMATION

The school's financial policy is as follows: "For students to continue their studies in school, and to be issued new paces and to receive report cards or have records transmitted or receive awards, regular payments must be made. There is a \$50.00 late fee added to the bill each month when satisfactory arrangement has not been made ahead of time. Families who have financial problems can make satisfactory arrangements with the office to have their bill paid in a timely matter and forego the late charge. The School office will call parents who have not paid tuition by the 3rd day of the month. If a payment has not been received by the 10th day, a reminder letter will be sent to the parent and a late fee will be added to the bill. There will be another follow up phone call and a visit to the home at 20 days late if possible but if the tuition is not paid by the 25th day of the month, the student will be withdrawn from school. At this time, the school administration will consider whether to re-enroll the student under stricter financial terms. A meeting will be scheduled for the administrator and the parents to discuss alternative arrangements. For families that the administrator deems qualified, the option of re-enrolling under new terms will be considered "financial probation" and will include the following strict guidelines for payment:

- \* Cash or credit card payments only.
- \* Thirty-day promissory note, signed by both parents, for portions of tuition still owed.
- \* 6 months financial probation where students can be dismissed immediately if any payment is late.

There will be a \$100 reenrollment fee. All delinquent accounts are subject to a finance charge computed at a periodic rate of 2% per month (annual percentage rate of 24%). Should a bill collecting service be required due to NON-PAYMENT, that cost will be added to the bill.

I understand that if I withdraw my child from school or if my child is dismissed from school during any portion of a month that I will be billed for the entire month. All fees are NON-REFUNDABLE only the tuition paid in advance is refundable minus discounts. "Tuition is based upon an annual fee, for your convenience, we take your total school bill and divide it into monthly payments. You don't pay by the number of days or weeks your child is in school but by an annual fee that can be divided into monthly payments."

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 liability for me or my child because of any injury to my child at school or during any school activity.

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments.

I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline as it deems wise and expedient for the training of my child.

I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.

Should my child suffer an injury or illness while at school or on a school activity and the School Staff is unable to contact me immediately, the School is hereby authorized to secure such medical attention and care for my child as may be necessary. I the parent or guardian, will assume responsibility for payment of such services.

I have read the Student Handbook and understand and agree thereto the terms stated on this Application.

Lighthouse Christian does not discriminate on the basis of race, color and national ethnic origin in administration of its educational policies, admissions policies, athletics, and other school-administered programs.

Signature of Parent or Guardian

Date

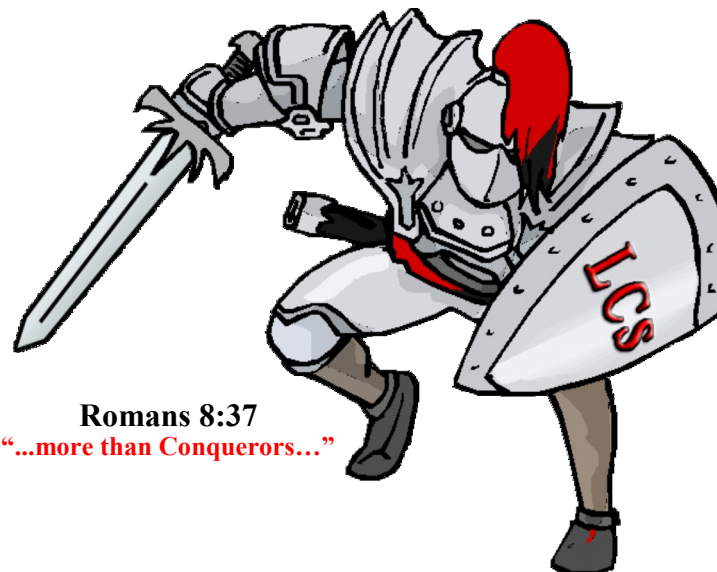
Signature of School Staff

Date

Revision: 02/27/2020

# LIGHTHOUSE CHRISTIAN SCHOOL

2020 - 2021  
School Year



Romans 8:37

"...more than Conquerors..."

"Home of the Christian Conquerors"

**A Ministry of Lighthouse Baptist Church**

4565 Bemiss Road

Valdosta, Ga. 31605

(229)244-8436

Webpage: [lbcministry.org](http://lbcministry.org)

**Jimmy Burt, Pastor/Administrator**

**Vickie Burt, Administrator**

**David Goldsberry, Principal**

ENROLLMENT APPLICATION

# STUDENT INFORMATION

Student's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Last Grade Completed: ☐ K5 ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th  
☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th

Entrance Date: \_\_\_\_\_

Student's Legal Guardian(s)	Student's Living Arrangements
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Other: _____	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Other: _____

Previous School Information
School: _____
Address: _____

# PARENTAL INFORMATION

FATHER'S INFORMATION	MOTHER'S INFORMATION
Name: _____	Name: _____
SS #: Last Four Only - _____	SS #: Last Four Only- _____
Work Phone: (____)____ - _____	Work Phone: (____)____ - _____
Employment: _____	Employment: _____
Alt. Phone #:(____)____ - _____	Alt. Phone #: (____)____ - _____
Email: _____	Email: _____

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Alt. Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Name(s) of school-age children in family that are not applying:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

# RELIGIOUS INFORMATION

Church Attending: \_\_\_\_\_

How often do you attend church?

☐ Rarely ☐ Monthly ☐ Weekly ☐ Every Service

Has made a profession of faith in Christ? (Check all that apply.)

☐ Father ☐ Mother ☐ Student

Would you like more information about Lighthouse Baptist Church?

☐ Yes ☐ No

# SCHOLASTIC INFORMATION

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

☐ No ☐ Yes Explain: \_\_\_\_\_

Has student ever had disciplinary problems?

☐ No ☐ Yes Explain: \_\_\_\_\_

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

☐ No ☐ Yes Explain: \_\_\_\_\_

Has student ever used tobacco or drugs of any kind?

☐ No ☐ Yes Explain: \_\_\_\_\_

Has student ever failed in school?

☐ No ☐ Yes Explain: \_\_\_\_\_

Please indicate academic level of student's previous work:

☐ Excellent ☐ Good ☐ Average ☐ Poor

# OTHER EMERGENCY CONTACT

Other than an **Parent** or **Guardian**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

# MEDICAL INFORMATION

Does student have allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the student's participation in the school's programs and activities?

☐ No ☐ Yes Explain: \_\_\_\_\_

Does your child have allergies (insects, medications, foods, etc.)?

☐ No ☐ Yes Explain: \_\_\_\_\_

Are there any special procedures in caring for your child?

☐ No ☐ Yes Explain: \_\_\_\_\_

Has student received immunizations for:

☐ Diphtheria ☐ Smallpox ☐ Polio ☐ All 3 Hepatitis B Vaccinations

Family Physician: \_\_\_\_\_

Physician's Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

# GENERAL INFORMATION

Did you leave your last school on good terms? ☐ No ☐ Yes

How did you hear about this school?

☐ Radio ☐ Newspaper ☐ Internet ☐ Friend ☐ Other: \_\_\_\_\_

What is your reason for selecting this school? \_\_\_\_\_