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the home at 20 days late if possible but if the tuition is not paid by the 25th day of the month, the student will be withdrawn from school.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. 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 schoolsponsored 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.

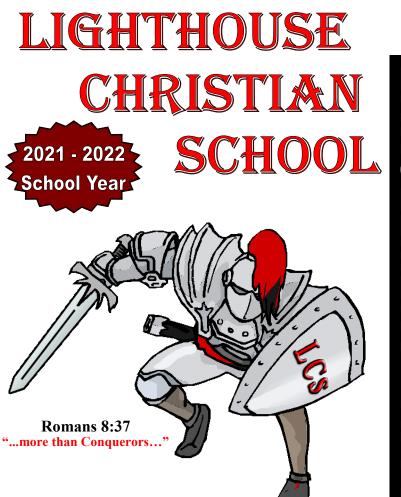
I have read the Student Handbook and understand and agree thereto the terms stated on this Application.

Lighthouse Christian does not discriminate on the basis or 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

Date



"Home of the Christian Conquerors"

A Ministry of Lighthouse Baptist Church

4565 Bemiss Road Valdosta, Ga. 31605 (229)244-8436 Webpage: Ibcministry.org

Jimmy Burt, Pastor/Administrator Vickie Burt, Administrator David Goldsberry, Principal

Signature of School Staff

Revision: 02/27/2020

STUD		NFORMATIO
Student's Name:		SS#
Student's Age:	Birth Date: _	Sex: 🗅 Male 🗅 Female
Last Grade Comple		1st □ 2nd □ 3rd □ 4th □ 5th 7th □ 8th □ 9th □ 10th □ 11th
Entrance Date:		Previous School
Student's Legal Guardian(s)	Student's Livit Arrangement	
 Both Parents Mother Father Sten Father 	 Both Parents Mother Father Cton Eather 	Address:
 Step Father Step Mother Other: 	 Step Father Step Mother Other: 	
		NFORMATIO
	FORMATION	
Name:		Name:
SS #: Last Four O		
Work Phone: ()	Work Phone: ()
Employment: Alt. Phone #:()		Employment: Alt. Phone #: ()
Email:		
Address:		
City, State, Zip:		
Home Phone: (_)	Alt. Phone #: ()
Name(s) of school-	age children in fa	amily that are not applying:
		Age:
• · · · · · · · · · · · · · · · · · · ·		

KELIGIUUS INFUKN

Church Attending:

How often do you attend church?

□ Monthly □ Weekly □ Every Service Rarely

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

Would you like more information about Lighthouse Baptist Church? □ Yes D No

SCHOLASTIC INFORMA

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 Vaccina

Family Physician:

Physician's Phone: () -

GENERAL INFORMATION

Did you leave your last school on good terms? D No D Yes How did you hear about this school?

□ Radio □ Newspaper □ Internet □ Friend □ Other: _____ What is your reason for selecting this school?