



# Registration Form

## Lighthouse Christian Academy

### 2017-2018

Office Use Only	
Reg. Date	Student #
PD Date	PEN #

**PERSONAL AND FAMILY INFORMATION: (Please Print Clearly)**

Student's Usual Name: \_\_\_\_\_ SURNAME FIRST MIDDLE

Student's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Month Day Year

Gender: Male  Female  Grade: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Home Language: \_\_\_\_\_

Address: \_\_\_\_\_ Aboriginal Ancestry: Yes  No

Living With: Mother  Father  Both

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

Parent (Father/Caregiver): \_\_\_\_\_ Parent (Mother/Caregiver): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Out of Province Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LEGAL INFORMATION: (Please Print Clearly)**

Is there a court order in effect or pending? Yes  No  Copy on File? Yes  No

If YES give details concerning custody, guardianship and access: \_\_\_\_\_

**\*NOTE: Copy of an up-to-date court order must be on file with the school.**

Is there anyone to whom your child should NEVER be released? \_\_\_\_\_

**EDUCATIONAL INFORMATION: (Please Print Clearly)**

Last School Attended: \_\_\_\_\_

Has the student been involved in any of the following programs? (Check any that apply):

Learning Assistance  Special Education  Speech/Language  Counseling  ESL  French Immersion

If so, give a description: \_\_\_\_\_

Does the student have any academic or discipline problems? \_\_\_\_\_

Has the student experienced any social problems? \_\_\_\_\_

**MEDICAL INFORMATION: (Please Print Clearly)**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card #: \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_

Life-Threatening? Yes  No

Is the student on any medication? Yes  No  Description: \_\_\_\_\_

**INFORMATION TO ATTACH TO APPLICATION FORM: (Check if attached)**

- \$150 non-refundable reg. fee
- student VISA/work VISA (if applicable)
- Faith Statement
- 2 current photographs
- latest report card
- Latest IEP (if applicable)
- Birth Certificate

**PERMISSIONS:**

- I give my consent for the release of my name, parent info, address, phone #'s and emails for the LCA Family Directory.
  - I give my consent for the publication of my child's photograph & name in the school yearbook or newsletter.
  - I give my consent for the publication of my child's photograph in the LCA newsletter, website, Facebook and PR publications.
  - I give my consent for my child to participate in local, curriculum-based trips, either on the LCA bus/van, other parent's cars or walking.
- Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_
- I have read and support the mission, policies and rules of LCA as described in the Student/Parent Handbook.
  - I agree to abide by the school rules and guide my child to uphold the Discipline Policy of the school as outlined in the Handbook.
- Parent Signature(s) \_\_\_\_\_ Student Signature (10 or over) \_\_\_\_\_ Date \_\_\_\_\_