

APPLICATION TO LIGHTHOUSE CHRISTIAN SCHOOL

Date of Application: _____

Applying for grade level: _____

*** All new students must be 14-year-old or younger at the beginning of the 2025-2026 school year.**

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____
Goes by: _____ SSN: _____
Date of Birth: _____ Age: _____ Male / Female
Student lives with: _____

PARENT INFORMATION: Please list the father's information first unless he does not live with the student. If the student lives only with the mother or another guardian, list that person first.

PARENT #1

Last Name: _____ Title (Rev., Dr., Mr., Mrs., Ms) First: _____
Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Mailing Address if different: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Work Phone: () _____ Ext: _____
Place of Employment: _____
Cell Phone: () _____ Email: _____

PARENT #2

Last Name: _____ Title (Rev., Dr., Mr., Mrs., Ms) First: _____
Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Mailing Address if different: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Work Phone: () _____ Ext: _____
Place of Employment: _____
Cell Phone: () _____ Email: _____

BILLING INFORMATION FOR RESPONSIBLE PARTY

Last Name: _____ Title (Rev., Dr., Mr., Mrs., Ms) First: _____
Billing Address if different: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Mailing Address if different: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Work Phone: () _____ Ext: _____
Place of Employment: _____
Cell Phone: () _____

SIBILING INFORMATION

Names of Brothers and Sisters:

| Name | Age | Grade | School |
|-------|-------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you have any children of school age who will not be enrolling in Lighthouse Christian School, please explain the reason(s):

CHURCH BACKGROUND

Church Attending: _____

Address: _____

Pastor: _____

Does your family attend church together? _____

Has the student made a profession of faith in Jesus Christ? _____ At what age? _____

Been baptized? _____ At what age? _____

**ALL STUDENTS MUST BE FAITHFUL, ATTENDING MEMBERS OF A
LOCAL, BIBLE BELIEVING CHURCH.**

Which best describes the student's church attendance?

_____ Active in church

_____ Attends Sunday School or Church Only

_____ Attends Occasionally

_____ Doesn't attend more than a
few times a year

What activities is the student involved in at church?

Briefly explain why you want a Christian education for your child.

Why did you choose Lighthouse Christian School? _____

Does your child want to attend Lighthouse Christian School? _____ Why? _____

Who referred you to LCS? _____

MEDICAL INFORMATION

Family Physician: _____

Phone: _____ Is student current on immunizations? _____

Does student have any allergies? _____ If yes, please explain: _____

Is your child currently on any medications? _____ If yes, please explain: _____

Will these medications need to be administered at school? _____

EDUCATIONAL INFORMATION

List all the schools the student has attended, including Kindergarten. *Please be sure to include the complete mailing address of the most recent school.*

| School | City/State | Grades Attended | Reason for leaving |
|--------|------------|-----------------|--------------------|
|--------|------------|-----------------|--------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Mailing address of most recent school:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

Has the student ever repeated a grade? _____ Yes _____ No

If yes, what grades? _____ Reason? _____

Has the student ever been suspended or expelled from school? _____ If yes, what grade and for what reason _____

Does the student have any physical or emotional problems that require special medication?
_____ Yes _____ No. If yes, please explain? _____

Has the student ever had any serious discipline problems? _____ Yes _____ No
If yes, please explain? _____

Has your child ever been referred or tested for learning disabilities or special education? _____ Yes
_____ No If yes, what conclusions were made? _____

What prompted you or the school officials to recommend the testing? _____

Has your child ever had an IEP (Individual Education Plan)? _____ Yes _____ No
If yes, what areas were addressed in the IEP? _____

Describe how your child gets along with other children and teachers: _____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitude which this student has: _____

Please list any additional information that would be helpful to know about your child.

Please submit application to:

Lighthouse Christian School
Attn: School Office
2918 Hwy 72 E.
Abbeville, SC 29620

Office Use Only

Date Received: _____
Interview Date: _____
App. Fee Paid: _____
Pastor Recommendation: _____