

**Lighthouse Christian Academy**  
**5160A Beamon Road**  
**Norfolk, VA 23513**

**STUDENT APPLICATION**

Term 20 \_\_\_\_ Date \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (mobile) \_\_\_\_\_ (home) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

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

Address \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Email Address \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Email Address \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency telephone number, other than those already listed \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Children in family of school age, if not applying:

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason they are not applying: \_\_\_\_\_

**RELIGIOUS INFORMATION**

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

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father : Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother: Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Has applicant ever made a profession of faith in Christ? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL INFORMATION**

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

Phone \_\_\_\_\_

Does student have any physical defects or allergies? \_\_\_\_\_

Explain \_\_\_\_\_

Has student received immunizations? DTD/DTaP/DT/Td \_\_\_\_\_

Polio \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_ Hepatitis B \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Has student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has student ever had disciplinary difficulty at school? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does the student have a juvenile or arrest record? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Has student ever used tobacco or non-prescription drugs of any kind? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has student ever failed an academic subject in school? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application must be filled out completely before it can be processed.  
Application, Registration, and Testing Fees of \$ TBD must accompany  
Application and is not refundable. An interview with the parents and the student  
will be required before final acceptance.