



Student Application

University Careers & Sports Academy

A campus of The Lighthouse Christian Academy; Santa Monica CA, 90404

11083 Hesperia Road • Hesperia CA 92345 • p.760-620-2082

<https://universitycareersandsportsacademy.com/>

Senior Pastor • Director of Education @ UCSA • George Neos • p. 760-780-8682



Dear Student and Parent,

It is the mission of UCSA to educate the whole person and graduate students who think, judge, and act in accordance with the teachings of Jesus Christ our Lord. Education that is not Christ centered will produce young men and women lacking a firm foundation and direction.

At UCSA we believe that an excellent education begins with character. This is why emphasis is placed on training the students to become young men and women of integrity who will walk upright before the LORD. As we provide students with knowledge in mathematics, english, science, and history; we first strive to teach them how to live for the Lord Jesus.

Each student attending UCSA is being prepared to have a productive life after high school. Whether that means they are college ready, or ready for a post secondary career, the students at UCSA are taught to think critically, and encouraged to adopt a Biblical world view as their framework for learning.

In addition to the lessons learned in the classroom, participation in athletics is required of all UCSA students for two seasons each year. The physical discipline of competition, lessons learned in teamwork, and selflessness all facilitate the training of the students to become men and women of character.

As a private Christian School, the message of the Gospel is allowed to freely permeate discussions in every academic discipline. This additional focus on personal faith and discipline helps provide students with the necessary biblical and moral framework upon which to build not only the rest of their education but also the rest of their lives.

We look forward to partnering with you in seeking God's excellent plan for you and your family.

Sincerely,

George Neos
Principal

REGISTRATION CHECKLIST, TUITION AND FEES

NO YEARLY TUITION

The yearly tuition *funded by third party donors* that pay the \$3000/ year cost.

**There is a one time \$300 registration fee for new students*

[parents/guardians can apply to have this fee waved]

Any school related expenses may be paid by credit card.

- See “Credit Card Payment Authorization” form for more details.
- **New Students will need to purchase UCSA clothing**
 - 1 pair of athletic pants, 1 hoody or athletic jacket, 4 pairs of shorts and 4 shirts.
 - The UCSA athletic clothing is the daily uniform for the students.

ATHLETIC PROGRAMS

Although all the students will participate on at least two UCSA sports each year, the students must maintain a “C” or better in each class, or risk not being allowed to compete in the athletic contests. Students must also have a yearly sports physical during the summer before the start of each new academic year. Forms may be found on the website.

Current Sports offered:

FALL

Boys 8-man Football

Girls Volleyball

WINTER

Girls Soccer

Boys Soccer

[possible girls and boys basketball]

SPRING

Girls Track & Field

Boys Track & Field

UPON REGISTRATION, IF POSSIBLE *PLEASE* BRING THE FOLLOWING ITEMS:

- *Completed Registration form*
- *Credit Card Payment Authorization form, cash or check for registration fee and school uniform.*

*** New Students:**

- Signed Authorization to Release School Records
- Current health records including:

Pre-participation Physical Examination form, Immunization Record and TB skin test result (usually on Immunization Card).

- Sports Permission form, any additional forms in the Athletic Packet
- Copy of Birth Certificate

STUDENT REGISTRATION FORM

PLEASE PRINT. PLEASE MAKE SURE ALL INFORMATION IS COMPLETE.

Student's Full Legal Name: _____ Home Phone: _____

Student's E-mail Address: _____ Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Birth date ____/____/____ Birthplace: _____ Social Security ____ - ____ - ____

Entering Grade: _____

Student's Legal guardian(s) _____

Father's Name: _____ Father's Cell _____

Employer: _____ WorkPhone: _____

Father's E-mail Address: _____

Mother's Name: _____ Mother's Cell Phone: _____

Employer: _____ Mother's Work Phone: _____

Mother's E-mail Address: _____

Marital status of parents: _____ Child lives with: _____

Last School Attended: _____ Grade: _____ Phone: _____

School Address: _____ City _____ State _____ Zip _____

Church Affiliation: _____ Pastor's Name: _____

I desire to enroll my child at UCSA for the following reasons: _____

Name of person responsible for tuition: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____

I will be responsible to pay the tuition for (Student Name) _____.

Signed: _____

Date: _____ Email: _____

Additional Students from same family with same registration information above:

Student's Full Legal Name: _____ Home Phone: _____

Student's Full Legal Name: _____ Home Phone: _____

Student's Full Legal Name: _____ Home Phone: _____

Student's Full Legal Name: _____ Home Phone: _____

[] RELEASE OF LIABILITY

I assume full responsibility for my child whenever he/she is off-campus and after the official end of the school day. UCSA has the right to use the student's photograph for reproduction in any medium for the purposes of publication, advertising, display, or editorial use. No personal information will be publicized.

Signed: _____

Date: _____

Legal Parent or Guardian

NO STUDENT IS ADMITTED WITHOUT THE FOLLOWING:

TB skin test - All pupils entering an SB county school **for the first time** are required to present evidence of a tuberculosis skin test. A TB skin test (Mantoux) is required.

Written Immunization Record

Students entering a California school for the first time on or after March 5, 1986 must provide a **written immunization record** or receipt of each required vaccine dose. This record must show the date (at least month and year) of each dose. Newly entering pupils who currently need additional vaccinations or who lack a written record of having received doses, are no longer allowed a ten-school-day period of conditional attendance while awaiting receipt of immunization(s) or while producing a written immunization record.

Doctor's Physical Examination - All students entering school must have a complete yearly doctor's physical examination for athletic participation. You may use the form available at the doctor's office or the form available on the UCSA website. This form must be filled out and signed by the physician.

Copy of Birth Certificate

AUTHORIZATION TO TREAT MINOR:

I/(we), the undersigned parent, parents or legal guardian of _____, a minor, do hereby understand, consent and authorize UCSA to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary medical, surgical and dental care, in case I am not immediately available. I/we also authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment rendered by any member of the Medical Practice Act, or a Dentist licensed under the provisions of the Dental Practice Act on the staff of any acute general hospital holding a current license to operate a hospital from the State in which that hospital is located. It is further understood that this authorization is given in advance of any specific diagnostic treatment or hospital care deemed advisable in their best judgment. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the student, but that none of the above treatment will be withheld if the undersigned cannot be reached. I/we understand that medical treatment authorized by UCSA is my financial responsibility. Furthermore, if my child(ren) are injured while at UCSA or off the premises, it is my complete responsibility. I/we understand that my child(ren) has clearance to participate in physical education class and or any other school sports; [or] state the reason(s) your child(ren) cannot participate in physical education by attaching a letter from their physician to this form. An excuse note must be sent by a medical provider listing how long the inability to participate applies. If your child has any food or drug allergies, or needs medication during school hours, please notify the office or teacher prior to the first day of school.

Signed: _____

Date: _____

Legal Parent or Guardian

MEDICAL AND HEALTH INFORMATION: (All information must be complete. Please print.)

Physician Name _____ Phone: _____

Health Insurance Name: _____ Phone: _____

Policy Number: _____

Subscriber Name: _____ Relationship: _____

NEW UCSA STUDENT
CREDIT CARD PAYMENT AUTHORIZATION

I, _____, authorize UCSA to charge my credit card for the **registration [\$300]** of *(Student Name)* _____, as well as a **one-time charge for uniforms [\$200]**.

Students must wear UCSA athletic attire. Therefore, New Students will need to purchase the UCSA Track Suit [women] and Sweats and Hoody [Men], along with four pairs of shorts and four t-shirts. **Additional purchases can be made, but the above purchases are required.**

The Track Suit/Hoody & Sweats are \$60, individual hoodies are \$25, shorts are \$15, and each shirt is also \$15. These can be paid for when they are issued.

Please note: Transactions for UCSA will be done by The Lighthouse World Outreach, The Lighthouse Church's legal name and parent company.

Card type (Check one.): Visa Mastercard Discover

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____

Three-digit Security Code: _____

Cardholder Billing Address: _____

Cardholder Billing Phone Number: _____

Cardholder email contact: _____

Cardholder Signature

Date



Authorization to Release School Records

To: _____
 Name of Former School

School Address

City State Zip Code

() _____ () _____
 School Phone School Fax

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all school grades, health records, achievement scores, and any other pertinent information such as special education testing regarding the student named below.

Student Name: _____ Date of Birth: _____

Last date attended: _____ Grade level entering: _____

X _____ Date Signed: _____
 Signature of Parent/Guardian

X _____ Date Signed: _____
 Signature of School Official

 Print Name and Title of School Official

Please send records to: UCSA
 Attn: School Office
 11083 Hesperia Rd.
 Hesperia, CA 92345



SPORTS PERMISSION FORM

I give permission for my son/daughter (Student Name) _____ to

Participate in the school sports (Name of Sports) _____

I have submitted to UCSA a doctor's physical examination form, and a copy of my child's immunization records.

Parent/Guardian Signature

Date

Print Name

University Careers & Sports Academy

11083 Hesperia Road • Hesperia CA 92345 • p.760-620-2082

<https://universitycareersandsportsacademy.com/>