



# 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.

An excellent education begins with one's character, and we seek to give our students the discipline and personal responsibility on which to build a lifetime of skills and wisdom.

As we aim to prepare each student to be college ready, or ready for a post secondary career, we will continue to emphasize involvement in athletics, and we will add an emphasis on students building a relationship with Jesus Christ. If we were to provide students with knowledge in science, history and mathematics, but neglect to teach them how to live and how to love God, themselves and others, then we would be attempting to build a house without a foundation.

As UCSA transitions to become a private Christian School, the message of the Gospel will be allowed to freely permeates discussion in every academic discipline. This additional focus on personal faith and discipline will help provide students with the necessary 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***

### **YEARLY TUITION**

Tuition is \$3,000.00. UCSA will charge a credit card for \$300 a month for 10 months (Aug-May).

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

### **All tuition and fees must 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 practice with at least two UCSA sports each year, the students must maintain a "C" or better in each class, or risk not being allowed to participate in 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

#### **SPRING**

Girls Track & Field

Boys Track & Field

### **UPON REGISTRATION, PLEASE BRING THE FOLLOWING ITEMS:**

•Registration form

•Credit Card Payment Authorization form

\* New Students:

•Signed Authorization to Release School Records

•Current health records including:

Pre-participation Physical Examination form, Physical Examination form,  
Immunization Record and TB skin test result.

•Sports Permission form

•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 required 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. All required immunizations must be complete in order to be admitted to school.

**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:** \_\_\_\_\_  
Legal Parent or Guardian

**Date:** \_\_\_\_\_

**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 **\$3,000** in increments of **\$300 per month** for 10 months (*Aug-May*) for the **tuition** of \_\_\_\_\_ (*Student Name*). Tuition will be charged to credit card on the 18<sup>th</sup> of each month.

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 these are required.** The Track Suit/Hoody & Sweats are \$60, each pair of shorts is \$15, and each shirt is also \$15. These can be paid for when they are issued.

**Please note:** Transactions 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

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