

# Student Application

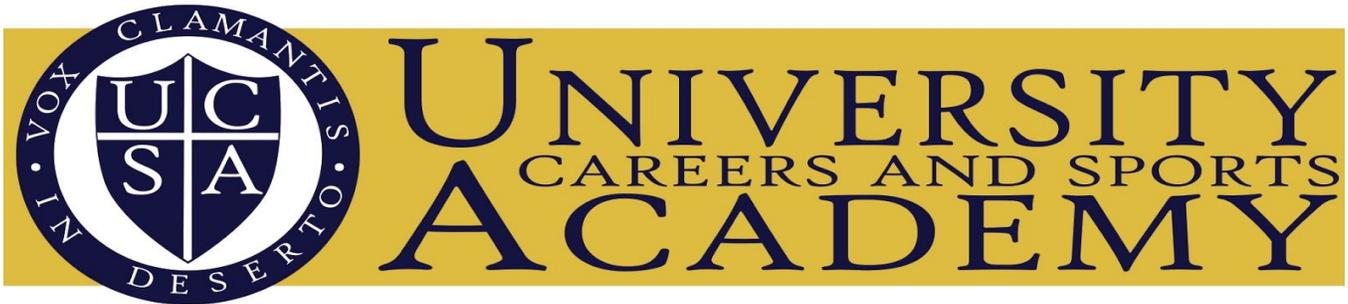
## ***University Careers & Sports Academy***

*A campus of The Lighthouse Christian Academy*

*Santa Monica CA, 90404*

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

<https://universitycareersandsportsacademy.com/>



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. For convenience, UCSA can charge credit / debit cards \$250 a month for 12 months (July-June).

**All tuition and fees must be paid by credit or debit card. See “Credit/debit Card Payment Authorization” form for more details.**

### **REGISTRATION FEE (newly enrolling students only, non-refundable)**

\$250 due upon application

### **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 to participate in athletic contests. Students must also have a yearly sports physical during the summer before the start of each new academic year.

Current Sports offered:

#### **FALL**

Football

Girls Volleyball

#### **WINTER**

Basketball Girls and Boys

#### **SPRING**

Track & Field

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

- Registration form
- Credit/debit 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: \_\_\_\_\_

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

**[ ] 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 2020-2021**  
**CREDIT/DEBIT CARD PAYMENT AUTHORIZATION**

I, \_\_\_\_\_, authorize UCSA to charge my credit/debit card **\$3,000** in increments of **\$250 per month** for 12 months (*July-June*) for the **tuition** of \_\_\_\_\_ (*Student Name*). I prefer the credit card to be charged on the 5<sup>th</sup>, 15<sup>th</sup>, or 28<sup>th</sup> (please circle one).

I authorize UCSA to charge my credit/debit card **\$250 on** \_\_\_\_\_ (*Date of registration*) **for the registration fee** for the school year. I understand that this registration fee is NON-REFUNDABLE. **For newly enrolling students only.**

**Please note:** Transactions will be done by The Lighthouse World Outreach, our legal name and parent company.

Card type (Check one.):     Visa             Mastercard             Discover

Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

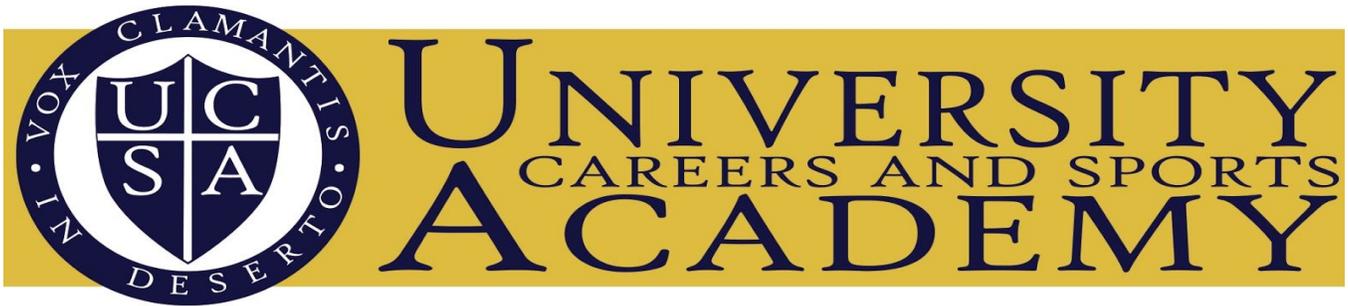
Three-digit Security Code: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Cardholder Billing Phone Number: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Cardholder 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: \_\_\_\_\_

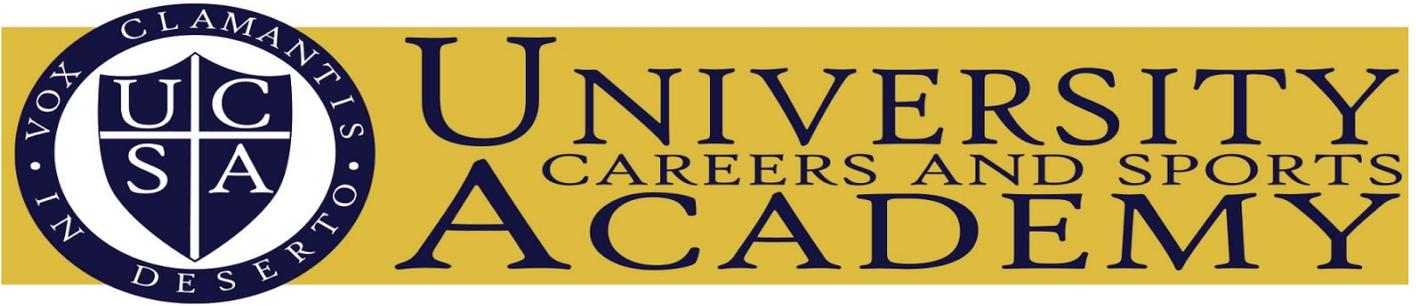
Last date attended: \_\_\_\_\_ Grade level entering: \_\_\_\_\_

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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