

Grade Level for
2018-2019
School Year

2018 - 2019

STUDENT REGISTRATION
Lighthouse Christian Academy

OFFICE USE ONLY
Date Received:

- _____
New Enrollment

Re-Enrollment

STUDENT INFORMATION

Student Name _____ Male _____ Female _____

First

Last

Goes By

Physical Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____ SS# _____

FAMILY INFORMATION

Father's Name _____ Cell Phone _____

Email _____ Would you like to receive information via email? Yes ___ No ___

Employer _____ Phone# _____

Mother's Name _____ Cell Phone _____

Email _____ Would you like to receive information via email? Yes ___ No ___

Employer _____ Phone# _____

Marital Status _____ With whom does student live _____

Church Attending _____ City _____

Is father a Christian? ___ Yes ___ No Is mother a Christian? ___ Yes ___ No

MEDICAL INFORMATION

Allergies _____

Special Medical Needs _____

Medicines or Treatments _____

Physician's Name _____ Office Number _____

Insurance Policy Name _____ Policy Number _____

LCA does not carry individual student accident insurance. In the unlikely event of an accident, it is the family's responsibility for any medical bills incurred. If an accident occurs due to negligence, the school maintains full liability coverage.