

STUDENT APPLICATION FORM

Date: _____ Current Grade: _____ Grade Entering: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

Date of Birth: _____ Age: _____ Female Male

Place of Birth: _____
City County State

School last attended: _____ City: _____ State: _____

Is student a citizen of the U.S.A.? Yes No If no, what country? _____

Has student ever attended Lighthouse Baptist School? Yes No

Has student ever:

Had any academic difficulty? Yes No Repeated a grade? Yes No

Been Suspended? Yes No Been Expelled? Yes No

Please explain any yes answers: _____

Has student ever:

Been in legal trouble? Yes No Done Drugs? Yes No

Been on Probation? Yes No Been Arrested? Yes No

Please explain any yes answers: _____

Church Affiliation: _____ Do you attend church regularly? Yes No

Have the following been saved and baptized? (please check if yes)

Father (or Male Guardian) Mother (or Female Guardian) Student

FOR OFFICE USE ONLY:

Forms completed: _____ Interview: _____ Transcript requested: _____ Registration Fee: _____ Acceptance letter: _____



LIGHTHOUSE BAPTIST SCHOOL

118 Neal Street, Pleasanton, CA 94566 | Phone: 925.846.7220 | LighthouseBaptistSchool.org

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PARENT INFORMATION FORM

Father/Guardian Name: _____

Address: _____
Street *City* *Zip*

Father's Occupation: _____

Business Phone: _____ Cell Phone: _____ Father's Email: _____

Preferred Contact Method? _____

Mother/Guardian Name: _____

Address: _____
Street *City* *Zip*

Mother's Occupation: _____

Business Phone: _____ Cell Phone: _____ Mother's Email: _____

Preferred Contact Method? _____

Family status: *Married* *Divorced* *Separated* *Widowed*

Is the child/children living with parents? Yes No

If not, explain the home conditions in which the child(ren) is living:

Why do you want to enroll your child(ren) in Lighthouse Baptist School?

Names of other children attending Lighthouse Baptist School:

Name	Grade Entering	Name	Grade Entering
_____	_____	_____	_____
_____	_____	_____	_____



PARENT-SCHOOL AGREEMENT FORM

IN ORDER TO SOLEMNIFY the desire of the undersigned parties to glorify the Lord with their obedience to Him and to promote a clear understanding of the duties and responsibilities of each party, the undersigned parties adopt the following agreement:

I _____, for and in consideration of my child, _____, being admitted as a student at Lighthouse Baptist School, do hereby accept such admission and the duties and responsibilities entailed therein and agree to be bound by the terms of this Agreement:

1. I understand and agree that the church and the school ministry are inseparable and that my child may be expelled from the school if either of us is out of fellowship with the church, as determined in the sole discretion of the pastor and the church leadership.
2. I have read and understand the Student Handbook, and I agree with it completely. I agree that my child and I must abide by all of the policies, rules, and regulations of the school, including those listed in the Student Handbook, and I agree to support Lighthouse Baptist School with my conduct and my prayers.
3. I understand and agree that the education of my child will be guided by the instructors and other school officials. I agree that my purpose in obtaining a Christian education for my child will be achieved by following the curriculum set by the instructors. To that end, I agree that I will require my child to perform all duties and responsibilities entrusted to him by the instructors and school officials to the best of his/her ability to their satisfaction. I will support the decisions of the instructors and school officials and will never attempt to undermine their authority. I understand and agree that during my child's enrollment, the courses offered and the instructors teaching them may change from time to time in the discretion of the school leadership.
4. I agree to pay all tuition and fees in a timely manner as set forth in the Lighthouse Baptist School's Financial Statement. I understand that monthly tuition payments are due on the first Monday of each month. I further understand that if I fail to make a timely payment, my child may be withdrawn from school, and I may be subject to late-payment fees and other costs, including any necessary costs of collection in accordance with school policy.
5. Because Lighthouse Baptist School is a Christian ministry organization, both parties agree that they would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this Agreement. I understand that making demands, threatening to sue or actually litigating a matter against Lighthouse Baptist School clearly violates Biblical teaching and practices and shall constitute sufficient grounds for immediate withdrawal of all my children from enrollment at Lighthouse Baptist School. I understand that retaining or instructing an attorney to contact the ministry with regard to potential claim or dispute will be interpreted as a threat to sue. Accordingly, the parties agree to resolve all potential claims, disputes, or causes of action through binding arbitration using the procedures outlined in the following procedures.
 - a. I agree to follow the Biblical pattern of Matthew 18:15-17 and I Corinthians 6:5-8 and always give a good report. All differences are to be resolved by utilizing Biblical principles.
 - b. The parties agree that the methods outlined in this section shall be the sole remedies for any and all controversies or claims arising out of the enrollment relationship and/or this Agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.



- c. I agree to do everything in my power to avoid involving Lighthouse Baptist School in any legal proceedings which may take place or legal requests for document or testimony of school officials concerning the custody and/or education and upbringing of my child. I understand that if, in spite of my and my attorney's best efforts, any school official is legally compelled to provide testimony or documentation beyond a copy of my child's standard academic records, that my child may be immediately disenrolled from Lighthouse Baptist School and that my account may be charged for any and all expenses incurred in complying with such legal process.
- 6. I understand that this Agreement shall not take effect until fully executed by all parties.
- 7. Lighthouse Baptist school is hereby authorized to take or permit pictures to be taken and video recordings to be made of my child(ren), _____, a minor, for use by Lighthouse Baptist School in publications, newspapers, newsletters, its website, and/or on television for purposes of public relations for Lighthouse Baptist School.

I have read the entire Lighthouse Baptist School Handbook and will abide by its rules and standards.

Mother (or legal guardian)

Date

Father (or legal guardian)

Date

ACCEPTED AND APPROVED

Principal

Date



CHILD PICK-UP AUTHORIZATION FORM

I, _____, hereby authorize the following to pick up my child(ren) from school. I understand they will be required to produce a photo ID upon the first initial pick-up.

Name:

Phone:

Date Authorized:

Parent/Guardian Signature

Date



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7TH – 12TH GRADE STUDENT-SCHOOL AGREEMENT FORM

As a student of Lighthouse Baptist School, I will:

1. Protect my mind, body, and morals from evil companions by not making them my intimate associates.
2. Select wisely and very conscientiously the television programs that I watch, if any, and will turn from those programs that have vulgar jokes, profanity, immoral scenes, and activities that Christ could not approve.
3. Refuse to listen to unchristian music, especially rock music and contemporary Christian music that create a reckless spirit or words set to music that suggest:
 - a. Turning against authority
 - b. Living to enjoy self and wild love
 - c. Living for the thrill of the present without thinking of consequences
4. Not participate in or use alcohol, drugs, cigarettes, or forms thereof, nor watch immoral, suggestive or profane movies or television programming.
5. Seek faithfully to witness as a Christian by looking, acting, and talking like a true Christian. This will include my manner of dress while away from the school.

I have read the entire Lighthouse Baptist School Handbook and will abide by its rules and standards.

Student (7th grade and above)

Date

Witnessed by Parent/Guardian

Date



TRANSCRIPT RELEASE FORM

The following student has applied for admission to Lighthouse Baptist School and requests that all student records be sent to the Admissions Office, Lighthouse Baptist School, 118 Neal St., Pleasanton, CA 94566.

Name: _____

Address: _____

Birthdate: _____

This is permission and a request for _____ (name of school) to send my child's academic transcript and other personal records to Lighthouse Baptist School. Please include health records and standardized test scores if available.

Parent/Guardian

Date



MEDICAL INFORMATION FORM

In case of severe emergency may we notify your doctor if family cannot be reached? Yes No

Physician's name: _____ Phone: _____

Address: _____

Insurance company: _____

Family dentist: _____

Address: _____

Is the student under doctor's care for any reason? Yes No

If yes, please explain: _____

Please list any other health problems that we should be aware of: _____

STUDENT'S MEDICAL HISTORY (PLEASE GIVE DATES IF POSSIBLE)

Chicken Pox _____

Scarlet Fever _____

Measles _____

Allergies _____

Diphtheria _____

Poliomyelitis _____

Diabetes _____

Mumps _____

Tuberculosis _____

Asthma _____

Rheumatic Fever _____

Pneumonia _____

Whooping Cough _____

Other _____

Please provide details on any of the above: _____

Operations? Please explain: _____

IMMUNIZATIONS

Please include a copy of the student's immunization record when submitting this application form.



LBS MEDICAL EMERGENCY RELEASE FORM

I _____, of _____
Parent/Guardian *Street Address* *City* *Zip*
do appoint the faculty and staff of Lighthouse Baptist School and/or Lighthouse Baptist Church, to make emergency medical decisions for my child, _____, in the event that I cannot be reached at the telephone number listed below.

In the event of an emergency, if I cannot be reached, my appointee has authority to consent to or refuse treatment on my child's behalf, and to arrange medical services for my child, including admission to a hospital. If my child has medical conditions which may be relevant to a physician in the event of such an emergency, I have listed them below.

I understand and hereby agree to assume all financial obligations which are incurred in connection with such emergency medical decision. I do hereby agree to hold Lighthouse Baptist School, Lighthouse Baptist Church, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages, even injury resulting in death, which I now have or which may arise in the future in connection with such emergency medical decisions.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understood.

Parent's Signature: _____

Medical Conditions (including allergies) to be aware of: _____

Medications my child is taking: _____

Telephone number where I may be reached in an emergency: _____

MEDICAL INSURANCE INFORMATION:

Insurance Carrier _____

Identification Number _____

Insurance Carrier Number _____



ATTENDANCE POLICY

As an enrolled student, LBS expects committed, consistent attendance. We understand that one of the benefits of homeschooling includes having the flexibility to travel when it works for your family and that may not always line up with our academic calendar. This flexibility means that the student and parent have cleared the dates with the teacher and has acquired the Student Absentee Form. This form lists the assignments to be completed upon their return.

When classes are missed, it is your responsibility to make sure that your child(ren) returns to school caught up on material that was taught while they were absent.

TARDY POLICY

Tardy is defined as not being in place at the 8:00 AM bell.

For CAMPUS tardies: When arriving after 8:00 AM, a parent must accompany student to the office and sign them in before they may be admitted to class.

For SATELLITE tardies: Student must attend the ZOOM openings each day at 8:00 AM. They may check in beginning at 7:45 AM and will be placed in a waiting room until Opening. Opening begins at 8:00 AM. If there are technical difficulties, they must contact the teacher by phone before 8:00 AM. If student is not present on time at the opening, the parent will receive a tardy notification.

Late arrivals disrupt the normal flow of the classroom and can be disruptive to our other students, as well as distract the staff.

It is recognized that a child may occasionally be tardy or may be checked out of school due to an unforeseen emergency or Doctor's appointment. Parents who bring their child to school late must bring the child in to the office to check him/her in. Students Tardies due to a medical appointment will be excused if a doctor's excuse or parent note is presented the day of the tardy. Students will not be subject to consequences when taking public transportation and it is late.

Each student is allowed three tardies per quarter. There is a \$5.00 tardy fee charged per tardy thereafter as well as the following:

- 5 tardies result in a detention
- 10 tardies result in suspension
- 15 tardies may result in dismissal from school.



ABSENCES

Absences will be classified either excused or unexcused. Each student is allowed five (5) parent excuses for the year. A parent note does not automatically excuse the absence.

A Doctor's excuse shall be required within two days of the student's return to school for any illness, injury, or treatment that resulted in a doctor's visit or consultation.

An unexcused absence would be when no excuse is provided. Excessive unexcused absences may result in dismissal from the school. No tuition reimbursements are made in the case of any absences. Any student who is absent 15 days or more in one semester may not pass that semester's work.

In the case of an absence, a parent must send a signed, dated note to the teacher explaining the reason for the absence the day the student returns. The student's missed days will be classified as unexcused until the note is received. Please note that the administration reserves the right to deem any absence unexcused with the exception of personal illness and death in the immediate family.

Mandatory attendance days are days that the administration will not grant an excused absence with the exception of personal illness or death in the immediate family. These days include, but are not limited to: State Testing dates, Quarter and Semester Exams, and the final two weeks of school. This means that zeros will be given for any exams missed.

A student who has been suspended from school for any reason will receive a zero for any classes missed and will not be permitted to make up exams missed.

For questions concerning make-up tests, quizzes and homework, please contact the teacher. If a parent knows a student will be absent three days, please call the office.

EARLY CHECK OUT DURING SCHOOL DAY

In order to provide for the best welfare of each student and the school, the following early checkout policy has been adopted: Before the student may be released from school, a parent, legal guardian, or person authorized by a parent must come to the school office and sign for the student. Students will only be released to authorized persons listed on the checkout list/contact sheet. Appropriate picture identification may be required to check out a student .

I have read and agree to the revised Attendance and Tardy Policies.

Parent Signature _____

Date: _____