



## Enrollment Process

- Parents are required to attend an information meeting in order to fully understand the expectations of Lighthouse.
- Complete and mail application, all academic records and other information as specified in the admission packet, and \$50 per family application fee to:

Lighthouse Preparatory Academy  
216 El Mercado Plaza  
Jefferson City, Missouri 65109

- Entrance testing may be required for new students enrolling in academic classes. Testing will determine placement in the appropriate courses according to math and language arts skills specific to our curriculum. Parents may supply copies of the student's ACT, SAT, PSAT, CAT, Stanford Achievement Test, or Iowa Basic Skills Test as a substitute for the placement testing if completed within 12 months prior to registration.
- If, after reviewing the school material and praying about this important decision parents are still interested in the school, they complete the application and return it to the school office along with all academic records and other information as specified in the application packet. There is a non-refundable \$50 per family application processing fee required at this time.
- All full-time high-school students must undergo academic advising to establish a diploma plan. All students will receive confirmation from the registrar of their final class schedule. Upon confirmation of enrollment, the registration fee is due in full and a payment plan for tuition must be established. A Required Textbook/Materials list will be provided, along with purchasing information.

### Registration Forms Check List

These are the forms to be returned to Lighthouse Preparatory Academy.

( ) Enrollment application, completely filled in and signed by parents/guardians, along with application fee of \$50 per family. Please attach the following to the student's application:

- Copy of transcript (if transferring from another school)
  - Copy of any standardized or educational testing within the previous twelve months
  - Immunization records, or the medical and/or religious exemption form(s) as approved by the State of Missouri
  - Copy of birth certificate
  - Transfer of credit forms for home school subjects
  - Request for student records
- ( ) Medical Release Form (one per child) completed and signed  
( ) Release of Liability Form (one per family) signed and dated  
( ) Commitment to Our Mission and What We Believe signed and dated  
( ) Church Reference Letter must be completed and returned

**LIGHTHOUSE PREPARATORY ACADEMY**  
216 El Mercado Plaza, Jefferson City, MO 65109 (573) 645-5253

**APPLICATION FOR ADMISSION**

**SECTION I – FAMILY INFORMATION**

*(Please print clearly using black ink)*

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

**Student's name** \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Student Cell Phone ( ) \_\_\_\_\_ Carrier (AT&T, Sprint, etc.) \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Gender \_\_\_\_ (male or female) Grade level entering \_\_\_\_\_

Student lives with: \_\_\_\_ Both Father & Mother \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Stepfather \_\_\_\_ Stepmother \_\_\_\_ Other

If other, please explain \_\_\_\_\_

Please check if either applies \_\_\_\_ Father is deceased \_\_\_\_ Mother is deceased

**Father's name** (custodial parent) \_\_\_\_\_

Marital status \_\_\_\_\_ Address (if different) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Carrier (AT&T, Sprint, etc.) \_\_\_\_\_ E-mail \_\_\_\_\_

Business name & address \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Number of hours worked weekly outside of home \_\_\_\_\_

Name of church where you attend \_\_\_\_\_ Active \_\_\_\_ Yes \_\_\_\_ No

**Mother's name** (custodial parent) \_\_\_\_\_

Marital status \_\_\_\_\_ Address (if different) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Carrier (AT&T, Sprint, etc.) \_\_\_\_\_ E-mail \_\_\_\_\_

Business name & address \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Number of hours worked weekly outside of home \_\_\_\_\_

Name of church where you attend \_\_\_\_\_ Active \_\_\_\_ Yes \_\_\_\_ No

Please list all children living at home (for school directory purposes only):

<b>Name</b> <i>(First name only, unless last name is different)</i>	<b>Gender</b>	<b>DOB</b> <i>(M/F)</i>	<b>Age</b> <i>MM/DD/YYYY</i>	<b>Grade</b>	<b>Enrolling in LPA?</b> <i>(Yes or No)</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## SECTION II – STUDENT EDUCATIONAL INFORMATION

PLEASE ATTACH ALL STUDENT DOCUMENTS WHICH ARE LISTED BELOW

- Copy of transcript (if transferring from another school)
- Copy of any standardized or educational testing within the previous twelve months
- Immunization records, or the medical and/or religious exemption form(s) as approved by the state of Missouri
- Copy of birth certificate
- Transfer of credit forms for home school subjects
- Request for student records

1. Please describe the type of instruction that your child has previously received (i.e. home, private, public). Also include the length of instruction (in years) for each type and the name of the last school attended.

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2. In general, how would you rate your child's average academic performance on a standard grading scale (A, B, C, etc.)?

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3. Were any grades repeated or skipped? \_\_\_\_\_ If yes, please explain.

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4. Lighthouse Preparatory Academy is not presently equipped to give special help to students with learning disabilities or who are under an IEP. Does your child have any learning disabilities or is he or she under any type of IEP which would require help beyond what you are able to give at home, or which cannot be alleviated through some other means (independent tutoring, medication, etc.)? \_\_\_\_\_ If so, how do you plan to meet those needs while your child is in attendance at Lighthouse?

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5. Please explain in detail who will be the co-teacher at home on Tuesday and Thursday to assist, guide, and direct your student with their homework, projects, and assignment sheets. In this model, it is best to have a parent be the co-teacher.

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## SECTION III – STUDENT BEHAVIORAL INFORMATION

*(Use additional sheets if necessary)*

1. Please describe any behavioral or disciplinary difficulties or special circumstances that have adversely affected your child's prior schooling.

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2. Has your child ever been expelled or suspended for any reason? \_\_\_\_\_ If yes, please explain in detail.

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3. Has your child ever been asked to voluntarily leave or been denied re-enrollment in a private school? \_\_\_\_\_  
If yes, please explain in detail.

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## SECTION IV – REFERENCES FOR YOUR FAMILY

Church pastor or Sunday School leader (you will also need a letter of reference from this person.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Personal community references

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## SECTION V – PARENT/ SCHOOL AGREEMENT

The undersigned:

- Agree with the Mission, Statement of Faith, and Nondenominational Position of LPA. If there is any point of contention or concern with any of these items, they must be satisfactorily resolved with the Board
- Have answered the questions in this application to the best of my/our knowledge and ability
- Agree to provide a quality Christian education for their children in accordance with existing law
- Agree to accept the primary responsibility for their children’s behavior at school and student supervision at home
- Agree with and support the school’s procedures for handling student discipline
- Acknowledge that our child has reviewed LPA’s Code of Conduct and Dress Code Policy and is willing to abide by those policies
- Agree to use a Christian Conciliation Service if ever necessary
- Agree that the church the family affiliates with promotes teaching and doctrine that is in keeping with the LPA Statement of Faith and does not include teaching or doctrine that is contrary to the Statement of Faith
- Agree to provide continually updated immunization records and/or submit the appropriate religious and/or medical exemptions as approved by the state of Missouri for our child
- Agree to allow child’s picture in the school’s yearbook
- Agree to allow family name and phone number listed in the Lighthouse directory
- Acknowledge responsibility to purchase the entire required curriculum for our student(s) prior to the first day of classes

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Father or Legal Guardian)*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Mother or Legal Guardian)*

*Please provide a preferred e-mail address for school information to the home:*

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*Lighthouse Preparatory Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, and athletic and other school-administered programs.*

## Lighthouse Preparatory Academy Church Reference Letter

Dear Pastor, Youth Leader, or Sunday School teacher,

The below named family has applied for admission to Lighthouse Preparatory Academy and must have a reference supplied by you or one of your staff as part of the admission packet. Please fill out this reference form and send it to the school at your earliest convenience. Or you may write a letter of reference and mail it. Please speak to the character of both the student and the family.

Family Name: \_\_\_\_\_ Date \_\_\_\_\_

Name of Church: \_\_\_\_\_

Pastoral Reference Name: \_\_\_\_\_

Position in the Church: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Best times to call: \_\_\_\_\_ am or pm

Please fill out the following survey with information on the family and student seeking enrollment:

Question (please check either yes or no)	Yes	No	Unobserved
Does the family attend church on a regular basis?			
Are any family members in positions of responsibility at the church?			
Is the student in regular attendance at church/Sunday school?			
Does the student serve in any positions of responsibility within the youth?			
Are the parents both Christians based on your knowledge?			
Has the student accepted Jesus Christ as their savior?			
Can the parents successfully help instruct this student?			

Please list positions of responsibility held by either of the parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give any comments as to the character of the family and student based on your knowledge:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please mail this letter back to Lighthouse Preparatory Academy, 216 El Mercado Plaza, Jefferson City, MO 65109. This reference is required before the family's application can be accepted.*

## **Lighthouse Preparatory Academy Release of Liability**

As a Christian group, we seek to follow the Biblical mandate that discourages bringing charges against Christian brothers in civil court.

The parties to this agreement are Christians and believe the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to the functions or activities of Lighthouse, academic or otherwise, shall be settled by biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation, a division of Peacemakers Ministries. (Complete text of the Rules of Procedure is available at [www.HisPeace.org](http://www.HisPeace.org).) Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of the functions or activities of Lighthouse and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

We are a group of Christian families existing as a non-profit organization. Neither our group, nor its leaders, nor its members are liable for any injuries or damages, whether or not connected with Lighthouse.

It is expected that any member or his child or guest who damages property or who causes injury, either willfully or through neglect, will take personal responsibility for his actions. Any person, whether or not a member, who has such a claim will be directed to discuss the offense individually with the party he believes to be responsible. The outcome of such a problem is out of the realm or control of this group's responsibility. If such disputes cannot be handled by the parties individually, we will expect that they will follow the guidelines of *Matthew 18:15-35* through their own churches and church leadership.

In the remote event of a catastrophe injuring members while at a school event, we require a Medical Release Form for each child to be signed and on file. (We will have one copy on file and one in the field trip packet which will be on hand at every event.) No child may participate in any activity without such a form first being completed and signed by the child's parent/guardian.

I have read the above and agree to hold Lighthouse Preparatory Academy harmless in the event of any damages or injuries to me, to my children, or to my property.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

## Lighthouse Preparatory Academy Medical Release Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of last Tetanus booster: \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ ( ) \_\_\_\_\_  
(other than parent or guardian) Please Print Name Daytime Phone

Relation to student \_\_\_\_\_ Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone

Primary Medical Insurance \_\_\_\_\_  
Policy Number

Name of insured policyholder \_\_\_\_\_  
*Please notify LPA of any change in insurance coverage.* Group Number

Are there any medical or health related problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are they and are there any restrictions? \_\_\_\_\_

Are there any food allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are they and are there any restrictions? \_\_\_\_\_

I (we) the undersigned parent(s) or guardian(s) of the minor child named above, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and/or the emergency room staff licensed under the provisions of the Medical Practice Act and/or the staff of any acute general hospital or emergency clinic holding a current license to operate a hospital or emergency clinic, from the state of Missouri, Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that every effort shall be made to contact the undersigned parent(s) or guardian(s) prior to the rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. The undersigned also assumes the responsibility for any and all costs associated or connected with such treatment and hereby releases all leaders, associates, members, or others acting for or on behalf of LIGHTHOUSE PREPARATORY ACADEMY from any and all liability and agrees to hold harmless all of the above.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under any emergency circumstances in my absence, and shall be valid until revoked in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature Please Print Name ( ) Daytime Phone ( ) Cellular Phone

\_\_\_\_\_  
Mother/Guardian Signature Please Print Name ( ) Daytime Phone ( ) Cellular Phone

### Immunization Record

Attach a complete record of immunizations, including the date each immunization was received. If religious or medical exemption is claimed, please attach complete Missouri Department of Health Form Imm.P.11A (religious exemption) or Imm.P.12 (medical exemption).

It is unlawful in the state of Missouri for a child to attend school unless the child has been immunized according to the rules promulgated by the Missouri Department of Health or unless the parent or guardian has signed and submitted a statement of medical or religious exemption with the school administrator. Mo. Rev. Stat. 167.181; 19 CSR 20-28.010.



## Our Mission and What We Believe

Each of the undersigned individually believes the following as evidenced by the signatures on the bottom of this page:

### Our Mission:

*Lighthouse Preparatory Academy's mission is to strengthen families by partnering with parents to develop witnesses for Christ through academic excellence and character development.*

### What We Believe:

1. We believe the Bible to be the only inspired, infallible, authoritative, inerrant Word of God. (*2 Timothy 3:15; 2 Peter 1:21*)
2. We believe there is only one God, eternally existent in three persons – Father, Son and Holy Spirit. (*Genesis 1:1; Matthew 28:19, John 10:30*)
3. We believe in the deity of Christ (*John 10:33*), His virgin birth (*Isaiah 7:14; Matthew 1:23; Luke 1:35*); His sinless life (*Hebrews 4:15; 7:26*); His miracles (*John 2:11*); His vicarious and atoning death (*1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9*); His resurrection (*John 11:25; 1 Corinthians 15:4*); His ascension to the right hand of the Father (*Mark 16:19*); His personal return in power and glory (*Acts 1:11; Revelation 19:11*).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved. It is not something we earn or deserve. It is offered in grace and received by faith in Jesus Christ alone. (*John 3:16, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5*).
5. We believe the Biblical definition of marriage as the covenant relationship between one naturally-born man and one naturally-born woman. (*Genesis 2:23-24*)

### Non-Denominational Position

These statements are based on essential Christian beliefs that we strongly support as the primary doctrine for teaching. Lighthouse Preparatory Academy does not promote or endorse any particular denomination. It is our desire to maintain this position for the purpose of unity and fairness to each student. Other doctrinal issues upon which this ministry has no official stance will be considered secondary doctrine and will not be taught. In the event secondary doctrine is brought up, students will be referred back to the family and church for final authority. We desire to remain united in the salvation and love of Christ, avoiding any dissension that may be caused by denominational distinctives.

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date: \_\_\_\_\_

- Student: Please describe briefly your relationship with Jesus Christ on a separate piece of paper.
- Father: Please describe briefly your relationship with Jesus Christ on a separate piece of paper.
- Mother: Please describe briefly your relationship with Jesus Christ on a separate piece of paper.

# Lighthouse Preparatory Academy

[www.lpajc.com](http://www.lpajc.com)  
216 El Mercado Plaza  
Jefferson City, MO 65109  
(573) 645-5253  
lighthouse@lpajc.com

## Request for Student Records

TO: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

Please email the following student's records to [LighthouseProgSuppDean@Lpajc.com](mailto:LighthouseProgSuppDean@Lpajc.com).  
Thank you for your assistance.

STUDENT: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ YEAR(S) ENROLLED AT YOUR SCHOOL \_\_\_\_\_

Current Transcript

Test Scores

Shot Records

Current Grade Report

Grading Scale

Disciplinary Records

IEP Records/504 Plan

Other \_\_\_\_\_

Thank you for your help in expediting this request. Should you have any questions please call the number listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (print)

*\* Parents, please fill out this form and send it to your child's current school so records can be sent to us, also turn in a copy with your application.*