



LIGHTHOUSE PRIVATE CHRISTIAN ACADEMY

Registration Form

Accredited by the prestigious Christian Schools of Florida.

Participant in state-funded Corporate Tax Scholarship Program

4 campuses: 5613 Gulf Breeze Parkway(Gulf Breeze) / 1508 New Hope Rd(Gulf Breeze) / 904 East Jackson(Pensacola), 625 N 9th Ave(Pensacola)

www.lighthousepca.com



2017-2018

Circle choice of campus, tuition arrangement option, and grade:

Campus: Gulf Breeze Elem(vpk-7th) Gulf Breeze College Preparatory(8th-12th) II Pensacola Elem(vpk-7th) Pensacola College Preparatory (8th-12th)
Tuition Arrangement: Private Pay Step Up Scholarship McKay Scholarship Private Scholarship Gardiner Scholarship
Grade: 3s VPK K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Family/Informational:

Student's name (first, middle, last)

Student's Social Security Number

Student's age

Student's birthday

Mother's name (first, middle, last)

Father's name (first, middle, last)

Parent's primary email address

Home address

Home phone number

Mother's cell

Mother's work (place and phone #)

Father's cell

Father's work (place and phone #)

Do you desire a call for more information?

How did you hear about Lighthouse Private Christian Academy?

If 16 or older, will the student be driving themselves to school?

If under 16, who will be authorized to pick-up and/or drop-off your child?

If entering 11th or 12th grade, does this student have permission to leave campus for lunch?
Where did the student attend school last year?

Public school address----->

Charter school address----->

Private school address----->

What is the last grade that this student has passed?

Medical Information

Who is your family Doctor/Pediatrician?

Does your child have any allergies?

Does your child require any special food?

Does your child take any medications?

If yes, is the medicine administered at home?

Doctor's Name & Phone:

YES NO

YES NO, IF No, Where?

**Learning/Activity Information**

What is the student's favorite indoor activity?

What is the student's favorite outdoor activity?

Does this student participate in any extracurricular/recreational activities?

If Yes, please list

Has this student ever played in a school league for sports?

If Yes, please list

Does your child require before or after care. (Estimate cost \$3 an hr)

Before time:

After time:

YES/ NO

Will your child require bus transportation?  
If yes, what is the address for pick up and drop off?

Please indicate your impression of your child's level of knowledge for the grade level in the following categories  
Please write 1, 2, 3 (1= Advanced 2=Average 3=Needs improvement)

Reading/Language Arts

Science

Math

Has this student ever been issued an IEP?

YES / NO

If yes, please indicate the diagnosis

What school issued the IEP?

*Please list any other Information that you would like us to know*

*Does your child currently has a scholarship in place?*

If Yes, please list type of scholarship

*Please list any other information that you need from us*

*Go to [www.stepupforstudents.org](http://www.stepupforstudents.org) to see if your family qualifies for a corporate tax scholarship.*

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040), immunization record (Form 680 or 681), and birth certificate within 30 days of enrollment

The parent handbook outlines the positive discipline policy at LPCA.

**By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.**

Signature of Parent/Guardian

Date