



Enrollment Form - Essay Portion

Please choose one category from the topics listed below. When submitting your completed application, please include a 250 - 400 word, type written essay pertaining to your chosen topic.

- I. How will I use my LAI education to benefit my community?

- II. Where do I see myself in 10 years and how do I plan to get there?

- III. Who is my greatest role model and why?

Please submit application, in its entirety, in person or mail to:

625 N. 9th Avenue - Pensacola, FL 32501

For e-mail information, please contact Mrs. Pamela Miller at 850.542.7828.



Enrollment Form - Grades 9-12

FAMILY INFORMATION

STUDENT'S NAME (FIRST, MIDDLE, LAST) _____

STUDENT'S SOCIAL SECURITY NUMBER _____ - _____ - _____ STUDENT'S AGE _____ STUDENT'S DOB _____

MOTHER'S NAME (FIRST, MIDDLE, LAST) _____

FATHER'S NAME (FIRST, MIDDLE, LAST) _____

MOTHER'S PRIMARY E-MAIL _____

FATHER'S PRIMARY E-MAIL _____

STUDENT'S HOME ADDRESS _____

HOME PHONE NUMBER _____ STUDENT'S CELL _____ TEXT Y N

MOTHER'S CELL _____ MOTHER'S WORK (PLACE AND NUMBER) _____

FATHER'S CELL _____ FATHER'S WORK (PLACE AND NUMBER) _____

HOW DID YOU HEAR ABOUT US? FACEBOOK FORMER STUDENT FRIEND (WHO MAY WE THANK? _____)
 TELEVISION AD NEWSPAPER ARTICLE. RADIO (WHICH STATION? _____) OTHER _____

IF 16 OR OLDER, WILL STUDENT BE DRIVING TO SCHOOL? Y N I

IF SO, PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND PROOF OF INSURANCE WITH APPLICATION.

IF UNDER 16, WHO WILL BE AUTHORIZED TO PICK-UP AND/OR DROP-OFF YOUR STUDENT?

NAME: _____ PHONE: _____

ADDRESS: _____

IF ENTERING 11TH OR 12TH GRADE, DOES STUDENT HAVE PERMISSION TO LEAVE CAMPUS FOR LUNCH? Y N

WHERE DID STUDENT ATTEND SCHOOL LAST YEAR? PUBLIC SCHOOL. CHARTER SCHOOL. PRIVATE SCHOOL. LPCA

SCHOOL NAME & ADDRESS _____



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MEDICAL INFORMATION

STUDENT'S PHYSICIAN OR PEDIATRICIAN (NAME & PHONE) _____

DOES YOUR STUDENT HAVE ANY ALLERGIES? _____ Y _____ N IF YES, PLEASE LIST _____

PLEASE LIST ANY FOOD RESTRICTIONS _____

PLEASE LIST ANY MEDICATIONS CURRENTLY TAKING AND DOSAGE _____

LEARNING/ACTIVITY INFORMATION

STUDENT'S CURRENT GPA _____ HAS STUDENT BEEN ENROLLED IN AN IB PROGRAM PREVIOUSLY? _____ Y _____ N

HAS STUDENT BEEN ENROLLED IN DUAL ENROLLMENT CLASSES? IF YES, PLEASE LIST SCHOOLS _____

HAS STUDENT TAKEN THE ACT _____ Y _____ N SAT _____ Y _____ N IF YES, WHERE WAS TEST TAKEN AND WHAT WERE THE SCORES EARNED? _____

PLEASE LIST STUDENT'S CURRENT COMMUNITY SERVICE ACTIVITIES WITH DATES.-ATTACH A SEPARATE PIECE OF PAPER IF MORE SPACE IS NEEDED (IF LOG WAS COMPLETED, PLEASE ATTACH A COPY TO YOUR APPLICATION

ADDITIONAL INFORMATION

DO YOU CURRENTLY HAVE A SCHOLARSHIP APPROVAL LETTER? _____ Y _____ N IF YES, WHICH SCHOLARSHIP? _____

PLEASE ATTACH A COPY OF YOUR APPROVAL LETTER TO YOUR APPLICATION.

SECTION 65C-22.006(2), F.A.C., REQUIRES 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 LAI. BY SIGNING BELOW, YOU VERIFY THAT YOU HAVE RECEIVED THE ABOVE ITEMS AND THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE

DATE



Our Handbook may be found online at www.lighthousepca.com. Please read this and print out the last page. Please sign and return with your completed application. A paper copy of this may be found in the office of the campus to which you are applying.

I attest that all of the information on this application is true and accurate. I consent to being contacted by the administration of LPCA by the information I have provided. I agree to adhering to the mission and direction of LPCA and it's administrative process.

Signature of Applicant Date

Printed Name of Applicant

OFFICE USE ONLY

Position Approved Campus

Approving Director Date