

A tall, white, cylindrical lighthouse with a red lantern room and a red gallery. It stands on a rocky, grassy cliff overlooking the ocean. The sky is clear blue. The lighthouse has two small windows on its side.

Light House Academy Admission Package

*I am the light of the world; he that
followeth me shall not walk in darkness,
but shall have the light of life. John 8:12*

Light House Academy *Application Package*

Thank you for your interest in Light House Academy, Inc. This application package contains the following:

- A. Admission Procedures
- B. School Registration Form
- C. Student Application Form
- D. Statement of Parents or Guardian
- E. Health and Medical History Form
- F. Waiver Form for Immunizations
- G. Medication Form
- H. General Waiver – Field Trips
- I. Request for Student Records

An application package must be completed for each child you are interested in enrolling at Light House Academy. Our handbook is a separate document & will be emailed upon request. Please note that our non-discrimination policy is included in our handbook.

Student Name: _____ Grade going into: _____

Shaded areas are required for application. Please check off documentation you're providing.

	Kdg	1st	2nd	3rd	4th	5th	6th	7th	8th
Application									
Health Physical									
Dental Exam									
Eye Exam									

A. Admission Procedure

1. Request an Application Package from the school.
2. Read the enclosed literature carefully.
3. Fill out all of the forms in the Application Package and return them to the school.
4. The School Board will review the application.
5. The School Board shall conduct an interview with both of the parents and the student.
6. The School Board will notify the parents of the decision.
7. Parents shall agree to attend an orientation session if their child is accepted.



B. School Registration Form

For each child, please give the following completed forms to one of the board members or mail to Light House Academy:

1. Student Application Form
2. Statement of Parents or Guardian
3. Health and Medical History Form
4. Waiver Form for Immunizations (if applicable)
5. Medication Form
6. General Waiver – Field Trips
7. Request for Student Records - Copies of all previous report cards and standardized testing results for students entering grades 1st through 8th grades

Additional items required for application to Light House Academy include:

- Birth Certificate (Photocopy)
- Students entering Kindergarten must have a health physical, a dental exam, and an eye examination according to the State of Illinois Department of Education; Students entering 6th Grade must now have a health physical, and dental exam.
- **A \$250.00 application deposit/family is due with initial application.** Please make check payable to Light House Academy, Inc, and note that it is for the “*Tuition Deposit*”. If acceptance is granted, the application deposit is applied to tuition fees. If acceptance is not granted, the application deposit is returned to the applicant.
- Please note that **May 15 is the deadline for enrollment of new families.** Applications after May 15 will be handled on a case-by-case basis.
- If accepted to Light House Academy, **book & technology fee is \$185.00/student (1st-8th) or \$130 (Kindergarten) and is due with the June tuition payment.** Please make check payable to Light House Academy, Inc, and note that it is for “Book & Technology Fees”.



C. Student Application Form

Date _____

Student's Name _____ Birthdate _____ Grade _____

Address _____

City/State/Zip code _____

Last School Attended _____

Parents or Guardians _____

Home Telephone _____

Email address _____

Workplace _____

Work Telephone _____

Member of _____

Church Minister or reference we can contact: _____

Phone Number: _____

I have read and will support the Light House Academy Handbook.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Guardian _____ Date _____



D. Statement of Parents or Guardian

We understand the policies and standards of the school and pledge our support of the school and its administration.

1. Light House Academy, Inc. has full discretion in the discipline of our child.
2. Light House Academy, Inc. has full discretion for proper placement of our child regardless of the grade completed prior to transfer to this school.
3. Light House Academy, Inc. can expect our practical help and prayerful support in a mutual effort to train our children.
4. Light House Academy, Inc. reserves the right to suspend or dismiss any student who does not cooperate with the education process.

Father _____ Date _____

Mother _____ Date _____

Guardian _____ Date _____



E. Health and Medical History Form

Student's Name _____ Birth Date _____

Please check all categories which apply to the student.

- | | |
|---------------------------|------------------------|
| _____ Allergies | _____ HIV |
| _____ Asthma | _____ Hyperactivity |
| _____ Frequent headaches | _____ Impaired hearing |
| _____ Frequent infections | _____ Seizures |
| _____ Heart problems | _____ Visual Problems |
| _____ Hepatitis | _____ Other |

If necessary, explain in detail any of the above:

List any other concerns you may have about your child:

Immunization History – please list dates below or refer to health physical form

DTaP, DTP	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____

I understand any student who has a communicable disease will not be allowed to attend school until he/she is determined “not infectious” by the school nurse or a physician. I understand that generally this means a minimum of 24 hours of taking medicine or no symptoms before returning to school. To the best of my knowledge I will inform the school of any such disease and will cooperate with this policy.

Signature of Parents _____ Date _____

(or Guardian) _____ Date _____



F. Waiver Form for Immunizations

The following state regulated immunizations are required.

Each student is required to have a physical examination prior to his entrance into kindergarten, fifth grade, and tenth grade. These may be obtained up to twelve (12) months before the beginning of school. The Illinois Revised Statutes require that school children be adequately immunized against measles, mumps, rubella, tetanus, diphtheria, poliomyelitis, pertussis, and hepatitis B.

Parents that have a strong conviction against their children being immunized must sign this release form to exempt their children from the shots. This signed document will be kept in the files at the school office.

I understand and agree that this release shall hold any teacher, employee, or other person engaged in the operation of the school, harmless from any and all liability relating to my decision to withhold immunization from my son/daughter.

It is further understood that no child will be allowed to attend Lighthouse Academy, Inc. without state required immunization shots until this form is signed by his/her parent or guardian.

Signature of Parent
Or Guardian

_____ Date _____



G. Medication Form

Student's Name _____

I hereby certify that the teachers or aides of Light House Academy, Inc. have my permission to give my son/daughter, _____, the following nonprescription medications:

My child, with the supervision of a responsible staff member, has permission to take the following prescription medications:

Signature of Parent _____
Or Guardian _____ Date _____



H. General Waiver – Field Trips

I hereby certify that my son/daughter, _____, has permission to participate in school field trips during the 2016-2017 school year. I have the choice to decline his/her participation when notified about specific field trips.

I agree and do hereby release and discharge any teacher, employee, or other person engaged in the activity, from all claims, present and future, known or unknown, in any manner arising out of the activity.

I further understand and agree that this release shall hold any teacher, employee, or other person engaged in field trip activities, harmless from any and all liability relating to my son/daughter for any and all personal injury or illness that may be suffered by my son/daughter. I also agree to hold them harmless from any loss of property by my son/daughter that may occur during the field trip activities.

No child will be allowed to participate in an activity until his/her parent or guardian signs this form.

Signature of Parent
Or Guardian _____ Date _____

In case of an emergency in my absence, I give permission to the school authorities, or its representatives, to obtain medical treatment for my son/daughter, _____.

Signature of Parent
Or Guardian _____ Date _____



I. Request for Student Records

Dear Sir/Madam,

My children, whose names are listed below, have been withdrawn from your school. Please release their academic and health records, and send them to the school whose name and address appear below.

Thank You

Student's Name(s)	Age	Grade Level at Time of Withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIGHT HOUSE ACADEMY, INC.
9005 N Industrial Rd
Peoria, IL 61615

Signature of Parents _____ Date _____

(or Guardian) _____

Signature of Principal _____ Date _____

