

**Application for Enrolment
Lighthouse Christian Academy**

4290 50 Street
Sylvan Lake, Alberta
T4S 0H3

Phone #403-887-2166

CHILD BEING APPLIED FOR: _____ **AB EDUCATION ID#** _____

Full legal name _____ Grade _____

Also known as _____ Address _____

Town/City _____ Postal Code _____ Home Phone() _____

Birthdate (Y/M/D) _____ AHC#(optional) _____

Previous School and Grade _____

<p>If you wish to declare that you (applicant) are an Aboriginal person, please specify: ____ Status Indian/First Nations ____ -Non-Status Indian/First Nations ____ Metis ____ Inuit ALBERTA LEARNING IN COLLECTING THIS INFORMATION PURSUANT TO SECTION 33© OF THE FOIP ACT AS THE INFORMAITON RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO IMPROVE ABORIGINAL LEARNER SUCCESS. For further information or if you have any questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155-102 Street, Edmonton, Ab. T5J 4L5, (780) 427-8501.</p>
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Eligible or section 23 Canadian Charter of Rights and Freedoms _____ yes _____ no
Parent(s) Wish to exercise this Right _____ yes _____ no
Language (s) spoken at home _____
Citizenship, if not Canadian _____
Immigration Status _____ Expiry Date (Y/M/D) if applicable _____

STUDENT LIVES WITH: (Check one) Mother & Father____ Mother & Step-Dad____
Father & Step-Mom____ Mother____ Father____
Other (please specify) _____

Marital Status (please specify) _____

FAMILY INFORMATION:

Mother Surname _____ Given Name _____

Father Surname _____ Given Name _____

Mailing Address (if different than from above) _____

In case of emergency, please contact:

Name _____ or Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Family Doctor _____ Family Doctor _____

Father's Occupation _____ Work phone# _____ Home# _____

Mother's Occupation _____ Work phone# _____ Home# _____

Other Siblings: _____ Birthdate: _____
 _____ Birthdate: _____
 _____ Birthdate: _____

Name of Church you (applicant) attend _____ Pastor's Name _____
 Father: Christian _____
 Mother: Christian _____

Has the applicant ever made a profession of Faith in Jesus? If yes, when? _____

Comments concerning allergies, health, speech, habits, etc., which the teacher and the school should be aware of:

Does the student have any physical, mental or emotional concerns? _____

Has the student ever had any disciplinary difficulties? If yes, please explain. _____



Please give any additional information relevant to your child that would benefit to the school. _____

CONSENT FORM FOR PERSONAL INFORMATION

I, _____ consent to allow Lighthouse Christian Academy to release, collect, use or disclose personal information for its operational and administrative purposes,

Including but not limited to:

- pictures in yearbook
- class pictures
- surveys to improve the school
- family phone lists for office use to contact parents
- newspaper inserts to promote student's education
- computer web mail
- bulletin board
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I understand that Lighthouse Christian Academy is subject to provincial and federal privacy legislation and has in place a Policy and Privacy to ensure compliance with privacy legislation and standards.

I am aware of the risks and benefits associated with consenting or not consenting to collection that I may revoke my consent at anytime by providing a signed, written statement of revocation to Lighthouse Christian Academy.

Signature: _____

Date: _____

JUNIOR/SENIOR HIGH STUDENT’S CODE AND APPLICATION PARAGRAPH

All Junior and Senior High students are asked to read and sign this form to indicate their desire to attend Lighthouse Christian Academy and their willingness to maintain the school atmosphere.

1. I will seek to please God both in and out of school by bringing my habits and activities, goals and values under submission to the Word of God.
2. I will try to relate to others on the basis of Christ’s instruction “do unto others as I would have them do unto me.”
3. I understand that attendance at the school is a privilege that involves considerable sacrifice on the part of my parents as well as other members of the Christian community. I will therefore seek to safeguard and promote the good name of the school and the larger Christian community associated with it.
4. I will abide by the rules and regulations of the school.
5. I accept and will submit to the authority of my teachers as this has been delegated to them by my parents.
6. I will apply myself to my studies and try to develop the full potential that God has given me.
7. I will practice good health habits and will participate in physical activities I am able.
8. While I am a student of this school, I will not give the impression to students, parents, or faculty that I am not in agreement with the goals, aims, and standards of the school.
9. State in a paragraph why you want to attend Lighthouse Christian Academy.

Student Signature _____ Date _____
 Parent Signature _____ Date _____
