

APPLICATION FOR RE-ENROLLMENT

Lighthouse Christian Academy

4290 50th St.

Sylvan Lake, AB T4S 0H3

Phone #403-887-2166

This application is for students presently enrolled who desire to return for the 2020/2021 school year. Tuition for the 2020/2021 school year is \$2750.00/ child 1-12 and \$1000.00 for Kindergarten. Please provide the following information in order to update our current records.

DATE: _____

STUDENT INFORMATION:

Full Legal Name _____ Currently in Grade _____

Also known as _____ Address _____

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

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

Church _____ Attend regularly: YES NO

Pastor _____ Phone# _____

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 IS COLLECTING THIS PERSONAL INFORMATION PURSUANT OT SECTION 33(c) OF THE FOIP ACT AS THE INFORMATION 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 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.

Eligible for 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 from above) _____

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

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

In case of emergency, please contact:

Name: _____ **or** Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Family Doctor _____ Phone # _____

PARENTAL AGREEMENT

The Bible clearly teaches that the responsibility of training children is vested in the parents (Ephesians 6:4, Deuteronomy 6:4-9, Proverbs 22:6) The school exists to help parents fulfill their responsibilities. The school does not replace the home. The school supports the home by reinforcing the Biblical concepts and values taught at home.

In order that the relationships between school and home are clearly understood, both parents are asked to indicate their agreement to the following:

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1. I agree to have my children educated in accordance with the Christian basis and character of the school.
 2. I agree to delegate to the school the authority and responsibility for the discipline of my child while at school or school functions.
 3. I agree to uphold my financial responsibility to the school by paying any fees on time and to donate to the school as I am able.
 4. I agree to support the school with practical help and involvement where possible.
 5. I will seek to maintain an awareness of the school situation and maintain communications, input and feedback with the school.
 6. I will support the school, its staff and the policies of the school. If there is a challenge, I will go to the responsible staff member to discover the facts.

Father _____ Date _____

Mother _____ Date _____
