

LIGHTHOUSE MINISTRY

2025-2026



New Student

Registration Packet

Calvary Chapel Miami Lighthouse Ministry

NEW STUDENT APPLICATION CHECKLIST

---

STUDENT'S Name (Last, First, Middle)

---

Birth Date (MM/DD/YY)

---

GRADE ENTERING

Directions: Please submit all documents and payments listed to ensure the student application is complete and able to be processed in a timely manner. Incomplete applications will not be accepted.

- New Student Enrollment Application (see attached form)
- Academic Reference Letter for 1<sup>st</sup> Grade and Above (see attached form)
- Character Reference Letter (see attached form)
- Current Health Records (Certificate of Immunization-DH form 680 and Certificate of Physical Examination-DH Form 3040)
- Student Transcripts and Disciplinary Records (for 1<sup>st</sup> grade and above)
- Registration Support (non-refundable) Check or Money Order  
\$250 (due 7/1)  
Checks payable: *Calvary Chapel Miami* | Memo field: *"Student's Name" - LHM Registration 25-26*  
-see online payment form [calvarymiami.com/lhm](http://calvarymiami.com/lhm)
- Abeka Academic Package (non-refundable) due 7/1 Check or Money Order  
Prek 3-4: \$350 | K5-6th: \$750 | 7th-12th: \$850  
Checks payable: *Calvary Chapel Miami* | Memo field: *"Student's Name" - LHM Academic Package*  
-see online payment form [calvarymiami.com/lhm](http://calvarymiami.com/lhm)

---

Father's / Guardian's Signature

---

Print Name

---

Mother's / Guardian's Signature

---

Print Name

---

Date

# Calvary Chapel Miami Lighthouse Ministry

## NEW STUDENT ENROLLMENT APPLICATION

*Admission Policy:* Each student will be accepted into Lighthouse Ministry based upon their previous academic, spiritual, and social records. Parents must be fully committed to Calvary Chapel Miami's doctrinal position and ministry direction.

---

STUDENT'S Name (Last, First, Middle)

---

Address (Street, City, State, Zip)

---

Student Phone (if any)

---

Student Email Address (if any)

---

Gender

---

Birth Date (MM/DD/YY)

---

GRADE ENTERING

---

Home Church

---

FATHER'S Name (Last, First, Middle)

Father has legal custody of student? circle one: YES or NO

---

Address (Street, City, State, Zip)

---

Phone

---

Email Address

---

Work Phone

---

Cell Phone

---

Employer

---

Home Church

---

MOTHER'S Name (Last, First, Middle)

Mother has legal custody of student? circle one: YES or NO

---

Address (Street, City, State, Zip)

---

Phone

---

Email Address

---

Work Phone

---

Cell Phone

---

Employer

---

Home Church

# Calvary Chapel Miami Lighthouse Ministry

**Student Name:** \_\_\_\_\_

Emergency Contact Primary:  Father  Mother  Both

\_\_\_\_\_  
Responsible Adult if Primary Contact Can Not Be Reached Phone

\_\_\_\_\_  
Name of persons(s) authorized to take student (other than parents) Phone

\_\_\_\_\_  
Name of persons(s) authorized to take student (other than parents) Phone

\_\_\_\_\_  
Physician's Name Phone

## STUDENT HISTORY

\_\_\_\_\_  
Health Problems (Enter N/A if None)

\_\_\_\_\_  
Name & address of last school attended

\_\_\_\_\_  
Has the student ever been dismissed or suspended from any other school? (If so, please explain.)

\_\_\_\_\_  
Has this student been diagnosed as having a learning disability? (If so, please explain.)

\_\_\_\_\_  
Has this student ever repeated a grade? (IF SO, PLEASE EXPLAIN)

DO YOU AS A FAMILY ATTEND CHURCH REGULARLY? \_\_\_\_\_

Can you recall a time when you personally recognized your sinful condition, confessed it to God, and accepted Jesus Christ as your Savior and Lord? (see Romans 3:10, 23; 10: 9-10: 14:11; 1 Corinthians 15:3-4) If so, write the date of your decision to surrender to Christ.

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ STUDENT \_\_\_\_\_

Why do you desire for your child to be part of the Calvary Chapel Miami Lighthouse Ministry?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Calvary Chapel Miami Lighthouse Ministry  
CHARACTER REFERENCE LETTER

STUDENT'S Name (Last, First, Middle) \_\_\_\_\_

Birth Date (MM/DD/YY) \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How do you know the student? (e.g. neighbor, friend of the family) \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Please check the most applicable box to describe the student's character and behavior:

	Always	Sometimes	Never
Obedient			
Communicates Well			
Hard Working			
Tempermental			
Bashful			
Friendly			
Honest			
Aggresive			
Responsible			

Please provide any additional information relevant to this student's character and behavior:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Calvary Chapel Miami Lighthouse Ministry  
ACADEMIC REFERENCE LETTER

STUDENT'S Name (Last, First, Middle) \_\_\_\_\_

Birth Date (MM/DD/YY) \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How do you know the student's academic history? (e.g. teacher, extra-curricular facilitator)

How long have you known the student? \_\_\_\_\_

Please check the most applicable box to describe the student's academic performance:

	Always	Sometimes	Never
Attentive			
Participates			
Works Well with Others			
Lazy			
Creative			
Consistent			
Tardy			
Completes Assignments			
Good example			

Please provide any additional information relevant to this student's academic performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_