



Your word is a lamp to my feet and a light to my path. Psalm 119:105

Application

New Student Enrollment
2019-2020

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** (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** (if student is enrolling into 2nd grade and above)
- Registration Support (non-refundable) Check or Money Order**
\$100 (by 2/28) | \$175 (3/1 to 4/30) | \$300 (5/1 to 8/1)
Please make checks payable to: *Calvary Chapel Miami*
In memo field please write: *"Student's Name" - LHM Registration Support*
- Abeka Academic Package (non-refundable) due 5/1 Check or Money Order**
Prek 3-4: \$220 | K5: \$430 | 1st-6th: \$620 | 7th-12th: \$720
Please make checks payable to: *Calvary Chapel Miami*
In memo field please write: *"Student's Name" - LHM Academic Package*

Father's / Guardian's Signature

Print Name

Mother's / Guardian's Signature

Print Name

Date

Calvary Chapel Miami Lighthouse Ministry

2019-2020 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)

Phone

Email Address

Sex

Birth Date (MM/DD/YY)

GRADE ENTERING

FATHER'S Name (Last, First, Middle)

Address (Street, City, State, Zip)

Phone

Email Address

Employer

Location

Work Phone

Cell Phone

Father has Legal Custody of Student? (YES / NO)

MOTHER'S Name (Last, First, Middle)

Address (Street, City, State, Zip)

Phone

Email Address

Employer

Location

Work Phone

Cell Phone

Mother has Legal Custody of Student? (YES / NO)

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 BY STUDENT

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)

CHURCH STUDENT ATTENDS: _____

DOES THIS STUDENT 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 saviour and lord? (see Romans 3:10, 23; 10: 9-10: 14:11; 1 Corinthians 15:3-4) If so, write 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

2019-2020 CHARACTER REFERENCE LETTER

STUDENT'S Name (Last, First, Middle) _____

Birth Date (MM/DD/YY) _____

GRADE ENTERING _____

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Name: _____

Date: _____

How long have you known the student? _____

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

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
2019-2020 ACADEMIC REFERENCE LETTER

STUDENT'S Name (Last, First, Middle) _____

Birth Date (MM/DD/YY) _____ GRADE ENTERING _____

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Name: _____ Date: _____

How long have you known the student? _____

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

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:

