



Your word [is] a lamp to my feet and a light to my path.

Psalm 119:105

Application

New Student Enrollment

2018-2019

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 listed to ensure the student application is complete and able to be processed in a timely manner.

- New Student Enrollment Application (see attached form)
- Academic Reference Letter (see attached form)
- Character Reference Letter (see attached form)
- Current Health Records
- Student Transcripts (if student is enrolling into 1st grade and above)
- Registration Support (non-refundable) Check or Money Order
\$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 Academic Package*
- Abeka Academic Package (non-refundable) due 5/1 Check or Money Order
Prek 3-4: \$200 | K5: \$410 | 1st-6th: \$600 | 7th-12th: \$700
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
2018-2019 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)

FAMILY CHURCH THIS STUDENT ATTENDS: _____

DOES THIS STUDENT ATTEND SUNDAY SCHOOL 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; I Corinthians 15:3-4)

FATHER _____ MOTHER _____ STUDENT _____

WHY DO YOU DESIRE FOR YOUR CHILD TO BE PART OF THE CCM LIGHTHOUSE MINISTRY?

Calvary Chapel Miami Lighthouse Ministry

2018-2019 CHARACTER REFERENCE LETTER

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

Birth Date (MM/DD/YY) _____

GRADE ENTERING _____

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
2018-2019 ACADEMIC REFERENCE LETTER

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

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

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:

