

Lord's Tabernacle Christian Academy

For Office Use Only

Rec'd _____
 Fee _____
 Reviewed _____
 Tested _____
 Interview _____
 LTHC _____
 N/LTHC _____
 Business Office _____

APPLICATION FOR ADMISSION

CHECK ALL THAT APPLY:

_____ Current LTHC Member _____ Former LTCA Member
 _____ Relative of LTHC Member _____ Friend of LTHC Member
 _____ Non - LTHC Member _____ Other _____

APPLICANT IS:

Currently in grade _____
 Applying for grade _____
 Applying for the _____ school year

Directions: Please provide complete information for the following and return to LTCA with the required \$25 non-refundable Application Fee. There is a \$100 enrollment fee and a \$40 activity fee due upon submission. Refer to the *Steps to Admission* handout for additional required forms. Students will be considered for admission after **all required information and the application fee have been received.**

GENERAL INFORMATION

Applicant Name _____
Last First Middle Called by

Sex: Male Female Date of Birth _____

Social Security Number _____ Home Email _____

Name of Parent(s)/Guardian(s) _____

Present Address _____

Applicant lives with: _____ Relationship: _____
City State Zip Home Phone

FATHER

Name _____
 Occupation _____
 Employer/Firm Name _____
 Business Address _____
 Business Phone _____
 Business Email _____

MOTHER

Name _____
 Occupation _____
 Employer/Firm Name _____
 Business Address _____
 Business Phone _____
 Business Email _____

Please note any special living circumstances/arrangements: _____

APPLICANT'S SIBLINGS

Name _____	Birthdate _____	School/Grade _____
Name _____	Birthdate _____	School/Grade _____
Name _____	Birthdate _____	School/Grade _____
Name _____	Birthdate _____	School/Grade _____
Name _____	Birthdate _____	School/Grade _____

Do you plan to enroll any of the above children at LTCA? ___ No ___ Yes ___ Uncertain

FAMILY'S CHURCH

Church Name _____ Number of years attended _____

Church Address _____

Please check all that apply:

- Applicant attends church regularly
- Applicant attends church occasionally
- Applicant belongs to the church's youth group
- Parents attend church occasionally
- Parents attend church regularly
- Applicant attends Sunday School

STUDENT PROFILE

Schools attended, including preschool

Dates _____ Grades _____ School Name _____

Complete School Address _____

Dates _____ Grades _____ School Name _____

Complete School Address _____

Dates _____ Grades _____ School Name _____

Complete School Address _____

Dates _____ Grades _____ School Name _____

Complete School Address _____

Do you intend for the applicant to graduate from LTCA?

Has the applicant ever been dismissed or suspended by a school?

Has the applicant ever been tested or received special help for reading or a learning difficulty: No _____ Yes (please explain and enclose a copy of the testing results) _____

Has the student ever been diagnosed for or enrolled in any special education program or special services (i.e. resource room, L.D., A.D.D., etc.)? No Yes (please explain) _____

Does the applicant regularly require any medication? No Yes (please explain) _____

REFERENCES *Please note information for the following references*

1. Your Church Pastor or Leader:
 Name _____ Phone _____
 Church Address _____

2. A family friend (do not list a relative):
 Name _____ Phone _____
 Address _____

3. A family friend (do not list a relative):
 Name _____ Phone _____
 Address _____

TO PARENT(S) / GUARDIAN(S)

Please consider the following excerpt from LTCA's *Philosophy of Christian Education*:

" LTCA seeks to minister to the intellectual, physical, spiritual and social needs of its students (Luke 2:52). Recognizing that the primary responsibility for the education of children rests with their parents (Eph. 6:4), the school seeks to work closely with the Christian home to inculcate in students standards for life and learning that are consistent with the Scriptures and which result in Christ-like character. Its purpose is to provide a day school program for boys and girls from the local Christian community. LTCA will enroll only students whose lifestyle testifies to high moral standards and serious commitment to their religious faith

Please share how you first learned about LTCA: _____

Which two factors most influenced you to apply to LTCA (please check only two):

- Location
- Recommendation of LTCA families
- Strength of extra-curricular programs
- Displeasure with the public schools
- LTCA academic reputation
- Christian philosophy
- Desire to attend a private school

Please fully state why you want to enroll this student at LTCA: _____

Please give your definition of quality Education: _____

Please describe applicant's hobbies: _____

HOME & SCHOOL COMMITMENT *Please carefully read and respond to the following*

- A. **I UNDERSTAND** that LTCA will teach and base its teachings on the understanding that the Bible is the inspired Word of God, that it is without error, and that it is our guide for all facets of life.
- B. **I UNDERSTAND** that my child(ren) will be taught that salvation and a relationship with God comes only through individual faith in the person and work of Jesus Christ. LTCA students will be instructed and encouraged to live for Christ in their thoughts, conversations and actions.
- C. **I UNDERSTAND** that LTCA's mission originates and extends from the Christian home and that reporting and communicating in mutual accountability will characterize the home-school relationship.
- D. **I UNDERSTAND** the need for home and school to work together in a common goal of nurture and education.
- E. **I UNDERSTAND** that LTCA has full discretion in the discipline of my child(ren) within the bounds of the discipline policy (in the LTCA Student Handbooks).
- F. **I UNDERSTAND** that LTCA reserves the right to refuse any application at any time, if it is determined by the school administration that the applicant is not suited to the program offered by the school. LTCA further reserves the right to dismiss any student whose LTC Academic performance or whose conduct does not meet the standards set forth in the LTCA Student Handbooks.
- G. **I AGREE** to support the school, to the best of my ability, in faithful prayer for the kingdom work of the school, and in offering of practical help and resources to the school.
- H. **I AGREE** to support the spiritual, LTC Academic, moral, dress and discipline standards of LTCA, as set forth in the policies found in the LTCA Student Handbooks.

- I. **I AGREE** to allow my child(ren) to participate in all required field trips and school activities during the school year.

My signature indicates that I have read, accepted and will support each statement of the Home and School Commitment Guidelines as noted above, and it verifies the accuracy of all other information provided on this document:

Father/Guardian Signature

Mother /Guardian Signature

LTCA admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its education policies, admissions policies, scholarship programs and athletic and other school-administered programs.

EMERGENCY CONTACT &

MEDICAL INFORMATION

CONTACT 1

Name _____
 Occupation _____
 Employer/Firm Name _____
 Business Address _____
 Business Phone _____
 Business Email _____
 Relationship _____

CONTACT 2

Name _____
 Occupation _____
 Employer/Firm Name _____
 Business Address _____
 Business Phone _____
 Business Email _____
 Relationship _____

CONTACT 3

Name _____
 Occupation _____
 Employer/Firm Name _____
 Business Address _____
 Business Phone _____
 Business Email _____
 Relationship _____

Should my child become ill or injured while under supervision, I approve of the school administering minor or incidental first aid such as Tylenol. YES NO

In the event of a more serious illness or injury, I authorize LTCA to:

1. Contact a parent or legal guardian or emergency contact above of the student and follow his/her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and /or treatment. Such transporting is to be done either by school-provided transportation, or, if school officials deems it preferable, by ambulance. For information only, the name of child's physician is:

Dr. Name & Phone Number _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which requires my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the principal or their designated representative, to furnish on my behalf such written or oral authorization as my be required.

Furthermore, I release Lord's Tabernacle Church and Christian Academy (LTCA) and all its representatives from any liability which might arise as the result of medical service and treatment provided by the any physician or hospital or medical facility pursuant to such authorization and agree to indemnify and hold harmless Lord's Tabernacle Church and Christian Academy or representatives from any expense incurred for said treatment or services.

Parent's Signature _____ Date _____

Does your child have allergic reactions of any sort? YES NO

If yes, please explain: _____

Does student take medication regularly? (All medication must be in original container and labeled with student's name.) YES NO

Please Describe: _____

Child's Legal Name: _____

Please answer the following:

Is student shy? YES NO

Overactive? YES NO

Bites nails? YES NO

Suck thumb? YES NO

Excessive fears? YES NO

Temper tantrums? YES NO

Do they like school? YES NO

Play well with others? YES NO

Eat Breakfast? YES NO

Will take a nap? YES NO

Time: _____

Regular bed-time: _____ pm

Rising Time: _____ am

Current immunizations and birth certificate required for all students. Students may not attend class without current information.

Mother or Guardian

Social Security Number _____ - _____ - _____

Father or Guardian

Social Security Number _____ - _____ - _____

Date

LORD'S TABERNACLE CHRISTIAN ACADEMY - RELEASE FORM

Child's Name _____ Grade _____

Release Code _____

(When thinking of a code, please make up something that you will not have trouble remembering. Your release code will not be given out to anyone by the school)

I _____ hereby authorize The Lord's Tabernacle
(Parent/Guardian Name --PLEASE PRINT)

Christian Academy to release the above child from the school facility by the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

The person that will be picking your child or children from school must know the code before we are able to release him or her.

Parent/Guardian Signature _____ Date _____

Financial Information

Students	Grades: Preschool thru Sixth	Tuition Amount _____
*Application Fee	\$25.00 (Non-Refundable)	
*Enrollment Fee	New students \$100; Returning students \$75.00 (Non-refundable)	
Activity Fee	\$40.00 (Non-refundable)	

***If you have three (3) children registered at school, your total cost for application and enrollment fees are \$250.00. If you have four (4) children enrolled, tuition for the fourth child is free.**

Annual Tuition

First & Second Child	*\$3000.00	Nine monthly payment of \$333.33, beginning Sept. 1
Third Child	*\$2000.00	Nine monthly payment of \$200.00, beginning Sept. 1
Lunch	\$2.00 per day prepaid or \$3.00 daily (preschool thru sixth grade)	
Testing (Terra Nova)	\$65.00 per student (kk thru sixth grade only)	
Books (kk thru sixth grade only)	\$200.00 (this is an approximate amount; Non-refundable)	
Books (Preschool Only)	\$50.00 (this is an approximate amount; Non-refundable)	

Payment Policy

- All tuitions must be paid in full by May 1st.
- Payments are due by the 5th of the month and a \$25.00 late is applied for payments after the 10th or each month.
- Check, Cash and Credit Cards accepted.
- \$15.00 for returned checks.
- If payment falls behind 15 days, your child will be withdrawn until full payment is received
- Cash payment is required with 2 returned check in a three (3) month period.
- Parent/Guardian establishes payment method; Failure to adhere to the agreement will result in withdrawal of your child from the school.

Classes are dismissed at 3:00 pm. unless in the after school program, All students must be picked up by 3:00pm. If for any reason you cannot pick up your child(ren) on time, you must contact the school administration by 2pm or 1 hour prior to scheduled dismissal. Failure to adhere to the pick-up policy will result in a \$2.00 per minute charge. The late fee is payable immediately to the person in charge.

***Special Note –Prior arrangements MUST be made to waive all late fees.**

Parent's Signature _____ Date _____