

Lighthouse Christian School
28157 Lighthouse Crossing
Dagsboro, DE 19939
302-732-3309
www.lighthousechristianschool.com
lcs@dagsborocog.org

Student's Name: _____ Male: _____ Female: _____
Address: _____ City: _____ Zip: _____
Home Telephone: () _____ - _____ Social Security # _____
Date of Birth: _____ Grade Entering: _____

Father's Name: _____ Cell Number: _____
Employer's Name: _____ Occupation: _____
Father's Work Number: () _____ - _____
Father's E-mail: _____

Mother's Name: _____ Cell Number: _____
Employer's Name: _____ Occupation: _____
Mother's Work Number: () _____ - _____
Mother's E-mail: _____

Person responsible for tuition (*if different than above*)? _____

In the event of an emergency, if a parent cannot be reached, whom may we contact?

Name: _____
Relationship to student: _____
Address: _____ City: _____ Zip: _____
Home phone: () _____ - _____ Work phone: () _____ - _____
Cell phone: () _____ - _____

Name: _____
Relationship to student: _____
Address: _____ City: _____ Zip: _____
Home phone: () _____ - _____ Work phone: () _____ - _____
Cell phone: () _____ - _____

Student's Physician: _____ Phone Number: () _____ - _____

Marital Status of Parents: (please circle one) Married - Separated - Divorced -
Single; Deceased: _____ Father _____ Mother

If separated or divorced, which parent will be primarily responsible for enrolling your child? _____ Father _____ Mother

If separated or divorced, who has legal custody? _____ Father _____ Mother

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Both/Joint
_____ Guardian

Person(s) authorized to pick student up from school:

Phone: _____

Phone: _____

Please list Person(s) *NOT* authorized to pick up student from school:

Phone: _____

Phone: _____

Student's ethnic background: _____ Spanish American _____ Asian _____ African American _____ Caucasian _____ Native American _____ Other

Names and ages of other children in family: _____

Has father made a profession of faith in Jesus? _____ Yes _____ No

Has mother made a profession of faith in Jesus? _____ Yes _____ No

Has student made a profession of faith in Jesus? _____ Yes _____ No

Where is your current church membership? _____

Name of Pastor: _____

Address _____ City: _____ Zip: _____

Grandparents:

Maternal

Paternal

Name: _____

Name: _____

Address: _____

Address: _____

City,State,Zip: _____

City,State,Zip: _____

Home Phone: _____

Home Phone: _____

Invite to Grandparent's Day? Yes _____ No _____

Invite to Grandparent's Day? Yes _____ No _____

Reason for choosing Lighthouse Christian School: _____

In what ways do you see yourself involved in the educational process of your student? _____

List the schools your child has previously attended: _____

Has your child ever been homeschooled? (Y/N) _____

What curriculum was used? _____

Has your child ever been expelled before? (Y/N) _____

What is his/her attitude towards school and teachers? _____

Does your child have any special physical concerns that we need to be aware of?

For our Title V application process, please check the following if applicable:
(TANF) Temporary Assistance to Needy Families: _____ Food Stamps: _____

New Registration Fee: \$100.00
Re-Enrollments: \$50.00

Fee must accompany this application

