



APPLICATION FOR ADMISSION

STUDENT
PHOTO

Lighthouse Baptist School
118 Neal Street
Pleasanton, CA 94566
(925) 846-7220

Office Use Only

Enr. Fee Paid: _____

Forms Completed: _____

Interview: _____

Transcript Req: _____

Accept. Letter: _____

Anticipated date of entrance: _____ Date application submitted: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ Phone: _____

Grade Entering: _____ Place of Birth: _____
(City) (County) (State)

Have you ever applied to Lighthouse Baptist School before? _____ When: _____

School last attended: _____ City: _____ State: _____

Is student a citizen of the U.S.A.? Yes No If no, what country? _____

Has student ever had any school problems? _____ Repeating a grade _____ Suspended _____

Expelled _____ Please explain: _____

Has student ever been in serious trouble? _____ Drugs _____ Probation _____

Arrest _____ Please explain: _____

Has student been saved? Yes No Baptized? Yes No

Name of student's current church membership _____

PARENTAL INFORMATION:

Name of Parents or guardian: _____

Address: _____
Street *City* *Zip*

Father's Occupation _____ Business phone: _____

Mother's Occupation _____ Business phone: _____

Marital status: *Married*: Yes No *Divorced*: Yes No *Separated*: Yes No

Is the child living with parents? Yes No If not, explain the home conditions in which the child is living:

Why do you want to enroll your child/children in Lighthouse Baptist School?

Have you and your mate been saved? Yes No Baptized? Yes No

Do you attend a church regularly? Yes No Name of church: _____

How involved are you in your church? _____ Do you read your Bible and pray daily? Yes No

How much television does your family watch weekly? _____

Do you, your mate or your child/children (indicate which): Smoke? _____ Use drugs? _____

Drink alcoholic beverages? _____ Attend movies? _____

Attend dances? _____ Listen to rock music? _____ Use profanity? _____

How do you feel about our dress standards? (please refer to student handbook) _____

How do you feel about our philosophy of discipline? (please refer to student handbook) _____

How do you discipline your children? _____

Why does your child/children want to enroll in Lighthouse Baptist School?

HEALTH AND IMMUNIZATION INFORMATION:

In case of severe emergency may we notify your doctor if family can't be reached? Yes No

Physician's name: _____ Phone: _____

Address: _____

Insurance company: _____

Family dentist: _____

Address: _____

Is your child under doctor's care for any reason? _____ Please explain: _____

Has your child had a history of: (Please give dates if possible)

Operations? Please explain:

Please list any other health problems that we should be aware of: _____

Chicken Pox	_____	Scarlet Fever	_____	Rheumatic Fever	_____
Measles	_____	Whooping Cough	_____	Pneumonia	_____
Diphtheria	_____	Poliomyelitis	_____	Allergies	_____
Diabetes	_____	Mumps	_____	Other	_____
Tuberculosis	_____	Asthma	_____	Other	_____

IMMUNIZATIONS

Vaccine Type	Disease	1 dose date mo./yr.	2 dose date mo/yr.	3 rd dose date mo./yr.	Boosters Date mo./yr.	Date mo./yr.
DPT						
Oral Polio (Indicate type)						
Mumps, Measles & Rubella						
Smallpox						
Other						
Tuberculin Test (Type)			Date of Test:		Circle One: Positive Negative	