

# LIGHTHOUSE BAPTIST SCHOOL

## 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 applied to Lighthouse Baptist School before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

School last attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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:**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *City* *Zip*

Mother's Name: \_\_\_\_\_

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: \_\_\_\_\_

Are you involved in any ministry in your church? If yes, please specify: \_\_\_\_\_

How much television does your family watch weekly? \_\_\_\_\_

Do you, your mate or your child/children (indicate which): Drink alcoholic beverages? \_\_\_\_\_ Smoke? \_\_\_\_\_

Use drugs? \_\_\_\_\_ Profanity? \_\_\_\_\_ Attend movies? \_\_\_\_\_ Dances? \_\_\_\_\_ Listen to rock music? \_\_\_\_\_

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:**

Please provide a copy of your child's immunization record when submitting this application form. Thank you.