



# LIGHT OF CHRIST ACADEMY

Montessori and Classical Education

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## Application for Admission

*"Send forth Thy light and Thy truth; let them lead me, let them bring me to Thy holy hill and to Thy dwelling!" -Psalm 43:3*

**Please Print** Date: \_\_\_\_\_ Fee PD: \$100.00/\$150 Max/Family Check # \_\_\_\_\_ Parishioner: Y or N

### STUDENT INFORMATION: (Please Print)

Name: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

**Mark the program for which you are applying:**  **Upper Academy:** Grade \_\_\_\_\_

**Montessori:** Half Day Programs

Full Day Programs:

\_\_\_\_\_ 3 Day Program MTW, 8:30 am - Noon

\_\_\_\_\_ 3 Day Program MTW, 8:30 am - 3:45 pm

\_\_\_\_\_ 4 Day Program MTWT, 8:30 am - Noon

\_\_\_\_\_ 4 Day Program MTWT, 8:30 am - 3:45 pm

\_\_\_\_\_ 5 Day Program M - F, 8:30 am - Noon

\_\_\_\_\_ 5 Day Program M - F, 8:30 am - 3:45 pm

\_\_\_\_\_ Other: (Please specify): \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

Transfer: YES NO If yes, why? \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

### Upper Academy

Has student ever skipped a grade? Y N If yes, what grade? \_\_\_\_\_

Has student ever been held back a grade Y N If yes, what grade? \_\_\_\_\_

If yes to either question, please describe the situation: \_\_\_\_\_

### CHECKLIST FOR FILING APPLICATION:

\_\_\_\_\_ Application \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Health and Immunization Records \_\_\_\_\_ Transcripts

**PARENT INFORMATION:**

Child lives with:  Both Parents  Mother  Father  Legal Guardian

**Father's Name:** \_\_\_\_\_  
Last First Middle

Home Address: (If different from applicant)  
\_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name and Phone #: \_\_\_\_\_  
Name Phone

**Mother's Name:** \_\_\_\_\_  
Last First Middle

Home Address: (If different from applicant)  
\_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name and Phone #: \_\_\_\_\_  
Name Phone

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**PERSONS OTHER THAN PARENT OR GUARDIAN TO WHOM CHILD MAY BE RELEASED:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SACRAMENTAL DATES (New LCA families please submit certificates):**

Baptism \_\_\_\_\_ Penance \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Current Parish: \_\_\_\_\_

**PARENT QUESTIONNAIRE**

How did you learn about Light of Christ Academy? \_\_\_\_\_

\_\_\_\_\_

Based on your knowledge of Light of Christ Academy and our philosophy, “To Teach, To Educate, To Form”, why are you seeking to educate your child here?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would your child require any type of special education program or have any learning differences? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Please describe your child’s general health: Has your child suffered any serious illness, injury, or hospitalization or does your child have any physical limitations or allergies which would limit his/her participation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What can Light of Christ Academy expect from you and your family in the areas of contributing your time, talent, or financial help?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other information you believe will help us in understanding your child better.

\_\_\_\_\_

\_\_\_\_\_

**MONTESSORI ONLY:**

Has your child had any Montessori experience (if yes please explain)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify that all information on this application and all information requested by Light of Christ Academy for which I am responsible is complete and accurate.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

Print Name: \_\_\_\_\_

## **TUITION**

***Tuition in one payment:*** Due by September 1st

***Tuition in two payments:*** 1st payment due September 1st; 2nd payment due by February 1st.

***Tuition-9 month plan:*** September-May

***Tuition-10 month plan:*** September-June

## **NON-DISCRIMINATION POLICY**

Light of Christ Academy admits students of any race, color, nationality, and ethnic origin to all rights, privilege programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.