



## LIGHT OF CHRIST ACADEMY

Montessori and Classical Education

12648 East D Ave • Augusta MI 49012 • 269.203.6808

office@lightofchristacademy.org • lightofchristacademy.org

### New Student 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*

**CURRENT PARISH MEMBERSHIP:** \_\_\_\_\_

**STUDENT INFORMATION:** (Please Print)

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

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

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

**PARENT INFORMATION:**

Child lives with: \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Legal Guardian

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

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

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

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

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

**Mark the program for which you are applying:**

**Upper Academy:** Grade \_\_\_\_\_

**Montessori:**

Half Day Programs:

\_\_\_\_\_ 2 Half-days 8:25 am - 12:30 pm

\_\_\_\_\_ 5 Half-days 8:25 am - 12:30 pm

\_\_\_\_\_ Additional (Please specify): \_\_\_\_\_

Full Day Programs:

\_\_\_\_\_ 2 Full days 8:25 am - 3:50 pm

\_\_\_\_\_ 5 Full days 8:30 am - 3:50 pm

**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 #: \_\_\_\_\_

**PARENT QUESTIONNAIRE**

**SACRAMENTAL DATES** *(Please also submit copies of certificates):*

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

Family is currently registered at \_\_\_\_\_ Parish.

**EDUCATIONAL BACKGROUND:**

Does your child have previous school experience? Y N

If yes, reason for transfer: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

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

**UPPER ACADEMY STUDENT ONLY**

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? \_\_\_\_\_

Has student ever been suspended/expelled? Y N If yes, when?

If you answered yes to any question, please describe the situation:

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Based on your knowledge of Light of Christ Academy and our authentically Catholic classical philosophy, please share your reasons for seeking to enroll your child with us.

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

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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?

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

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

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**MONTESSORI STUDENT ONLY:**

Has your child had any Montessori experience? if yes, please explain.

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**TUITION PAYMENT PREFERENCE:**

\_\_\_\_\_ **Payment in full:** Due August 1st

\_\_\_\_\_ **A.C.H. 10-month plan:** Due on the 1st of each month (August - May)

- *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.*
- *I understand and agree that if this application is accepted, I will receive a tuition contract that must be signed and returned by August 1. The contract will align with the payment option I have chosen. I understand the 10-month option requires my personal banking information in order for Light of Christ Academy to process monthly A.C.H. tuition payments and that the information provided will be kept confidential.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

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

**CHECKLIST BEFORE FILING APPLICATION WITH LIGHT OF CHRIST ACADEMY:**

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

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**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

Non-refundable Registration Fee: \_\_\_\_\_ \$100 Individual \_\_\_\_\_ \$150 Family Check # \_\_\_\_\_ Cash \_\_\_\_\_

**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, athletic and other school administered programs.