

Only use blue or black ink when completing the application. One application per child.
Only parent or legal guardian may submit the application.



Please mark your program of interest:

- Home-School/Distance Learning Program (Grades K-8)
Students come to our Center for instructional materials/PACEs, tutorial help and to take weekly tests. Instruction under parental supervision.
- Pre-Kindergarten Program (Pre-K)
- Kindergarten Program (K)
- Early Elementary Program (EE) (Grades 1-3)
- Early Middle Program (EM) (Grades 4-5)
- Early High School Program (EH) (Grades 6-8)
- Early College Program (Grades 9-12)
538 East Holmes Road * Memphis, TN 38109
Students may enroll in Lighthouse Christian Academy's Distance Learning Program and attend our site for instructional materials/PACEs, tutorial help and to take weekly tests.

Our Mission:

It is the mission of Arête Christian School to provide an affordable, quality, and Christian education designed to prepare stakeholders to pursue a postsecondary education and acquire a successful career or trade, thus producing productive, successful, and competitive Christ-like citizens.

Arête Christian School does not discriminate against members, applicants, students, and others on the basis of race, color, creed, national or ethnic origin.

Date of Application: _____

Applicant's Name: _____
First Middle Last

Gender: Male Female

Applying for _____ grade

Applicant's Address: _____
Street

City State

Home Phone: _____

Date of Birth: _____
Month Day Year

Place of Birth: _____
City State

Father/Guardian: _____

Mother/Guardian: _____

Guardian E-mail Address: _____

Schools Previously Attended by Applicant:

1. _____
Current School/Year(s) City, State

2. _____
Previous School/Year(s) City, State

3. _____
Previous School/Year(s) City, State

How would you describe your child?

- African American Caucasian
- Latino/Hispanic Other _____

Religious Affiliation/Place of Worship:

Church Attending: _____

Address: _____

Pastor: _____

Phone: _____

FAMILY INFORMATION:

Father/Guardian:

Full Name: _____

Email Address: _____

Home Address: _____

Mobile Phone: _____

Employer: _____

Business Phone: _____

Business Address: _____

Child lives with whom? Mother Father Both Other ____

Please check if parents are: Married Divorced Separated Single

If divorced, who has legal custody? _____

***If divorced, please include a photocopy of most recent Child Custody Order. If separated, both parent/guardian signatures are required.*

List other children in the family:

	Name	Age	School	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Would you like to receive information regarding financial aid? Yes No

Person financially responsible for student's tuition and fees if other than parent or guardian: _____

RELATIVES WHO HAVE ATTENDED OR HAS AFFILIATION TO ARÊTE CHRISTIAN SCHOOL:

	Name	Relationship	Year(s) attended
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

GRANDPARENTS: Grandparents are placed on our mailing list and will receive the newsletter and other publications which overview the programs and activities of our school.

Maternal _____
(Please include first and last names and titles)

Paternal _____
(Please include first and last names and titles)

Phone _____

Phone _____

Address _____

Address _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

MEDICAL INFORMATION:

Does the applicant have any medical issues (allergies, diet restrictions, regular medications, etc.)? _____

Is the applicant's immunization record up to date? Yes No

Disabled applicants (or disabled family members of applicants) requiring any type of accommodations during the admission process or otherwise are encouraged to identify themselves and indicate what type of accommodation is needed in order that the school might best meet their needs. _____

Has your child ever had speech therapy, tutoring, psychological evaluation, neurological examination, perceptual, hearing, or visual difficulties? *Arête Christian School requests a summary of any such evaluations.*
 Yes No

Please list any medications which your child is now taking. _____

In the event of an emergency, please contact the following:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

Hospital Preference: _____

Location: _____

PARENT/ GUARDIAN STATEMENT

How did you learn about Arête Christian School? (i.e., friends, family, word-of-mouth, website, other.)

What do you want most for your child to gain from his/her educational experience at Arête Christian School? __

Please describe your child, commenting on points A-E below. *Please attach additional pages, if necessary.*

A. Personality, character, interests, and learning style _____

B. Principles and disciplines by which your child has been reared _____

C. Any circumstances or experiences which might help us better understand your child _____

D. Any unique physical or health limitations, medical information, learning differences, or areas in need of strengthening or special attention. _____

E. Has the applicant ever failed an academic subject in school? Yes No

If yes, please explain. _____

F. Has the applicant been on probation, suspended, dismissed, or withdrawn from school? Yes No

If yes, please attach a statement giving the name of school and relevant details. _____

Additional Questions:

- Has your child received Early Intervention services in the home or a center? __ Yes __ No
- Has your child been evaluated or in the process of being evaluated for special education services? __ Yes __ No
- Does your child have an Individualized Education Program (IEP)? __ Yes __ No
- If yes, please provide a copy. __ OT (Occupational Therapy) __ PT(Physical Therapy) __ Speech
- Do you have any speech or language concerns for your child? __ Yes __ No

Parent Acknowledgment:

I understand the procedures for admission outlined in this application. To the best of my knowledge, the information provided in this application is valid and omissions have not been made. I acknowledge that if an omission has been made, my child may forfeit admission consideration. We also further acknowledge that I/we waive our right of access to confidential information in my/ our child's admission file.

Signed

Date