APPLICATION FOR RE-ENROLLMENT (2019-2020)

To re-enroll, please return this form. The non-refundable administrative and registration fee is due at the time of registration. All fees must be paid via MyProcare.

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 (EC)** (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.

Applying for grade _____

Applicant's Name: _____
First   Middle   Last

Gender: ☐ Male ☐ Female   Date of Birth: _____

Applicant's Address: _____

_____
City   State   Zip

Home Phone: _____

Place of Birth: _____
City   State

Father/Guardian: _____

Mother/Guardian: _____

How would you describe your child?

☐ African American   ☐ Caucasian

☐ Latino/Hispanic   ☐ Other_____

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

Name: _____ Relation:_____

Phone:_____

Name: _____ Relation:_____

Phone:_____

Family Physician:_____

Phone:_____

Hospital Preference: _____

Location: _____

Please provide any changes in your child's allergies or medical condition.

_____

_____

_____

Please note: Your child's most recent insurance card, immunization record, and health examination must be submitted with this application and upon registration.

FAMILY INFORMATION:

Father/Guardian:

Full Name: _____

Email Address: _____

Home Address: _____

Mobile Phone: _____

Cell Phone Provider: _____

Date of Birth: _____

Employer: _____

Business Phone: _____

Mother/Guardian:

Full Name: _____

Email Address: _____

Home Address: _____

Mobile Phone: _____

Cell Phone Provider: _____

Date of Birth: _____

Employer: _____

Business Phone: _____

Child lives with whom? ☐ Mother   ☐ Father   ☐ Both   ☐ Other____

Please check if parents are: ☐ Married   ☐ Divorced   ☐ Separated   ☐ Single

If divorced or separated, 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.				

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

_____

_____

_____

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.

_____   _____
Signature   Date

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