



# Lighthouse Christian School

Allen McMillan, Senior Pastor  
Meagan Tedder, Principal  
Donna Crawford, Secretary  
David Crawford, School Board Representative  
145 Shipp Springs Road - P. O. Box 4158  
Kingsport, Tennessee 37665  
423.247.3578 phone 423.247.2831 fax  
lcskingsport.com

## Application for Admission

Student ID# \_\_\_\_\_

**School Year:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Student's Cell #** \_\_\_\_\_

**Student's E-Mail:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Previous School:** \_\_\_\_\_

**Grade Level at Withdrawal:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Cell #** \_\_\_\_\_

**Mother's E-Mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

Yes, I would like to allow photos & videos of my child to be used on various school social media/classroom accounts.

No, I would NOT like to allow photos & videos of my child to be used on various school social media/classroom accounts.

**Father's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father's Cell #** \_\_\_\_\_

**Father's E-Mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_

**Emergency Contacts/Pick -Up List:**

**Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medical Information:**

**Current Physician:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Known Medical Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Past Medical Problems:** \_\_\_\_\_

**Present Medications:** \_\_\_\_\_



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## Medical Treatment and Permission Form

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Student Name	DOB	Age	Grade
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Address	City	State	Zip
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Name of Parent or Guardian

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Address	City	State	Zip
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Phone #	Emergency Contact (other than parent)	Emergency phone #
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I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school, and to leave the school premises under the supervision of a staff member for walks or field trips in an authorized vehicle.

I hereby grant permission for the Principal or Acting Principal to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician, we will do one or both of the following:
  - A. Call another physician or paramedics
  - B. Have the child transported to an emergency hospital in the company of a staff member

**Medical Treatment and Permission Form Page 2**

1. Any expenses incurred under #2 above will be borne by the child's family.
2. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment. It is the parent's responsibility to contact the school office if addresses and emergency numbers have been changed after enrollment.
3. A tardy student who has not been signed in properly will not legally be considered to be in school that day. Lighthouse Christian School WILL NOT be responsible for such a student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother or Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Father or Legal Guardian

**Student Medical History**

Known medical allergies: \_\_\_\_\_

Past medical problems: \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please make any additional comments on student's medical history you deem may be necessary in the event of an emergency:

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## **Informed Consent Form**

A Christian school sport is an exciting activity that may involve contact with the ground and other participants. Sporting activities are held during varying weather conditions. These varying weather conditions expose an athlete to risk of injury.

In an effort to make these events as safe as possible, the coaching staff of LCS is expected to instruct players concerning the rules of each event and the correct mechanics of all skills. It is vital that athletes follow the coach's skill instructions, training rules, and team policies to decrease the possibility of serious injury.

All school functions, whether they be sporting events, field trips, science class experiments, home economics classes, physical education classes, or other organized activities involve a certain element of risk. All involved LCS personnel will take extra care to minimize any risks.

We have read the above information concerning the risks involved with sporting events and other organized school activities at Lighthouse Christian School. We understand and assume all risks associated with participating or practicing in these events. We further agree to hold the administration, coaches, volunteer staff, and other personal blameless in any and all liability to Christian school sports or other organized events.

In signing this form, we assume the inherent risks of Christian school activities and waive future legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

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Signature of Student

Date

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Signature of Mother or Legal Guardian

Date

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Signature of Father or Legal Guardian

Date



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## Student Record Release

Dear Counselor:

My child/children have been withdrawn from your school. Please release all academic and health records to the following school:

**Lighthouse Christian School  
145 Shipp Springs Road  
P. O. Box 4158  
Kingsport, TN 37665**

Student's Name(s)	Age	Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

Releasing School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent's Signature \_\_\_\_\_

Receiving Principal: \_\_\_\_\_



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## **Important Notice Regarding the Application Process and Admission Criteria**

Thank you for considering Lighthouse Christian School for your child's educational journey. As part of our commitment to fostering a conducive learning environment for all students, it is imperative that we clarify certain aspects of our application and admission process. Please read the following information carefully before proceeding with your application.

### **Application and Deposit:**

Please note that the submission of an application form, along with the required non-refundable deposit of \$50, does not guarantee admission to Lighthouse Christian School. Final admission decisions will be made after a comprehensive review of the student's transcripts. Receipt of the application and deposit serves only as an expression of interest and allows us to begin the evaluation process.

### **Admission Considerations:**

Lighthouse Christian School endeavors to provide a quality education to all students; however, it is important to recognize our limitations in certain areas. Specifically, the school is not equipped to support children with severe mental or physical disabilities. This is due to the absence of a school nurse, special needs educators, or dedicated resource teachers on our staff.

### **Disclosure of Medical and Behavioral Information:**

Medical Conditions: Parents/guardians are required to disclose any medical conditions their child may have, including but not limited to physical disabilities, diseases, ADHD, Autism, Dyslexia etc. This information is crucial for us to assess our ability to meet your child's needs effectively. Noting these behaviors does not mean your child will not be approved for admission, it simply gives us a better understanding of your child's situation and helps us when reviewing transcripts to understand the additional help your child would need. We can provide assistance to some children with medical or behavioral issues, depending on the severity. Parents will meet with our school principal to discuss the details of your child's medical issues and work to make a plan which benefits the child before enrollment can be approved.

Behavioral Issues and Disciplinary History: Please provide details of any behavioral issues or disciplinary actions taken by previous schools or law enforcement. This includes any convictions of crimes. Such disclosures are essential for a transparent and fair assessment process.

### **Admission Policy Regarding Criminal Convictions and Disciplinary Issues:**

Lighthouse Christian School does not offer enrollment to any student who has been convicted of a crime. Furthermore, students with significant disciplinary issues may only be considered for admission under a special, probationary enrollment approved by Pastor Allen McMillan.

**Rescinding Offers of Enrollment:**

Be advised that an offer of enrollment may be rescinded at any point should it come to light that there has been a violation of Lighthouse Christian School's Code of Conduct or if previously undisclosed issues are discovered. Honesty and transparency during the application process are paramount.

**Our Plea for Honesty:**

We implore all parents/guardians to be forthright about their child's physical and mental needs. Our priority is to ensure that every child receives the best possible educational experience. However, Lighthouse Christian School may not be the right fit for every student, particularly those requiring specialized support that we are unable to provide. Your honesty is crucial in helping us determine if our environment is suitable for your child's success.

**Parent/Guardian Disclosure Section**

**Medical Conditions (Including ADHD, Autism, etc.):**

[Please list any medical conditions here]

**Behavioral Issues and Disciplinary History (Including Actions by Schools or Law Enforcement):**

[Please list any behavioral issues or disciplinary history here]

By providing the information requested above and proceeding with the application, you acknowledge and agree to the terms outlined in this addendum.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Your understanding and cooperation are greatly appreciated as we strive to provide a safe and productive learning environment for all our students.

Thank you for considering Lighthouse Christian School.