(866) 746-6534 Fax: (615)-612-6126

www.lcaed.com dualenrollment@lcaed.com

P.O. Box 508 • Hendersonville, TN 37077-0508

Division of Accelerated Christian Education Ministries

Dual Enrollment Program - Student Application

Please copy and complete one application for each student applying for acceptance.

☐ New Enrollment ☐ Reenrollment							
Student Inform							
Student's Name				_ 🗖 Male 🗖	Female Birth I	Date/	/Year
Citizenship						,	
Mailing Address	Address				Home Phone		
Father's Name	County		State	ZIP		Completed	
School Informa	tion						
School Name _	School Customer #						
Administrator _	School Liaison to LCA						
A.C.E. School S	tatus Attained:	☐ Model		uality			
Mailing Address	Year(s) Student in Attendance						
	City County				School Phone Number		
Total Number of	State Students in Lev	els K-8:	Country 10 or less	1 1-25	Email 26-49	□ 50+	
Total Number of	Students in Lev	els 9-12: 🔲	10 or less	1 1-25	2 6-49	1 50+	
Registration Pr	ocessing						
In order for this a information. All in				nristian Academ	y (LCA) must re	eceive the followi	ng
	Completed and Signed Application*						
	Payment for the Dual Enrollment Fee						
	Official Transcript/Copy of Permanent Record from Current and Previous Schools						
Copy of Birth Certificate or Passport							

^{*}Applications for seniors or those reenrolling must be postmarked or faxed by October 15. Applications must be for on-campus students attending the school listed above. Homeschool students do not qualify for the Dual Enrollment program.

Fee Schedule Enrollment fee discounts are available depending upon the number of students enrolled simultaneously in LCA. Annual Fee Per Student Students Enrolled 1-5 \$200 6-10 \$175 11-24 \$150 25-49 \$125 \$100 A *nonrefundable* graduation fee of \$50 must be included in the student's senior (12th) year enrollment fee. **Payment Information** Payment for the dual enrollment fee is due with the completed application. Note: Payment to LCA should be made through the school. Please indicate your method of payment: ☐ VISA AmExpress ☐ Money Order ☐ MasterCard ☐ DISCOVER If paying by credit card, please enter the name of the cardholder exactly as it appears on the credit card, and enter the billing address exactly as it appears on the billing statement. I authorize LCA to charge my credit card for the following amount: Senior: \$\square\$ \$50 Graduation Fee \$100 **□** \$125 \$150 \$175 \$200 Credit Card Number **Expiration Date** Cardholder's Name Billing Address State ZIP City Home Phone Number Cardholder Signature Required School Administration Dual Enrollment Agreement We, the undersigned, understand that we are responsible for supervising the student and will not allow cheating at any time. LCA has a racial nondiscriminatory policy and, therefore, does not discriminate against members, applicants, students, and others on the basis of race, color, or national or ethnic origin. The dual enrollment fee must accompany this application. All fees are subject to change without notice. We understand that the dual enrollment fee is refundable for a limited time, on a declining scale: 100% refundable if requested within 30 days of receipt by LCA, 50% refundable if requested 31-60 days of receipt by LCA, 25% refundable if requested within 61-90 days of receipt by LCA, with no refund given after 90 days. In addition, we understand that requests for refunds are to be made in writing and may be mailed, faxed, or emailed to LCA. We understand that dual enrollment in LCA is a privilege, and LCA reserves the right to suspend or expel any student in accordance with its official policies as determined by LCA. Notwithstanding anything to the contrary contained herein, this agreement does not bind either party to any specific period of enrollment. We understand that no rights or presumptions of continued enrollment are conferred or implied by this agreement. We further agree that no right to notice of renewal or nonrenewal of the agreement is conferred We understand that the acceptance of the application shall be conditioned upon completion of all requirements to the satisfaction of the administration. We agree to have the student's academic transcript forwarded to Lighthouse Christian Academy who will keep the official records for the student upon acceptance and will provide the final academic projection governed by LCA graduation requirements for all high school students, which must be followed and completed, for the student to receive an accredited diploma from LCA. We understand that the student will not receive his diploma until all financial and academic requirements are met. We also concur that participation in the LCA Dual Enrollment Program does not guarantee access to any college, program, or scholarship.

Send completed application, payment of dual enrollment fee, and all required enrollment documents to:

Required (only if different from above)

Required

Signature of Administrator

Signature of School Liaison

(or student if over 18 years of age)

Signature of Father/Mother/Guardian

LIGHTHOUSE CHRISTIAN ACADEMY

Date _

Date

821546

ATTN: Dual Enrollment Coordinator • P.O. Box 508 • Hendersonville, TN 37077-0508 866-746-6534 (toll free) • Fax 615-612-6126 • Email: dualenrollment@lcaed.com • Website: www.lcaed.com

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