



LIGHTHOUSE CHRISTIAN ACADEMY

(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 Information

Student's Name _____ Male Female Birth Date ____ / ____ / ____
Month Day Year

Citizenship _____

Mailing Address _____
Address _____ Home Phone _____
City _____ Email _____
County _____ State _____ ZIP _____ Highest Level Completed _____

Father's Name _____ Mother's Name _____

School Information

School Name _____ School Customer # _____

Administrator _____ School Liaison to LCA _____

A.C.E. School Status Attained: Model Quality

Mailing Address _____ Year(s) Student in Attendance _____
Address _____

City _____ County _____ School Phone Number _____

State _____ ZIP _____ Country _____ Email _____

Total Number of Students in Levels K-8: 10 or less 11-25 26-49 50+

Total Number of Students in Levels 9-12: 10 or less 11-25 26-49 50+

Registration Processing

In order for this application to be processed, Lighthouse Christian Academy (LCA) must receive the following information. All incomplete applications will be returned.

- Completed and Signed Application*
- Payment for the One-Time Application Fee (New Enrollees)
- Payment for the Annual 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.

Fees

Application: \$100 (One-time Application Fee)

Enrollment: \$200 (per student)

Graduation: \$75 (12th level)

Payment Information

Payment for the Application Fee and 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:**

Check Money Order VISA MasterCard AmExpress 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(s):

\$200 \$300 Senior: \$75 Graduation Fee

Credit Card Number _____ Expiration Date _____ / _____
Month Year

Cardholder's Name _____
First MI Last

Billing Address _____
City State ZIP 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 the Dual Enrollment Fee is 100% refundable if requested within 30 days of receipt by LCA. In addition, we understand that a request for refund is to be made in writing and may be mailed, faxed or emailed to LCA. No refund will be given after 30 days.

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 or implied.

We understand and agree that student work should be kept current to ensure academic progress. During the year if student work is not received within three weeks after the end of each semester, a \$50 charge must be paid before the work is accepted.

We understand there will be a \$50 fee for switching a student's course of study or adjusting courses after 30 days from enrollment/reenrollment date.

We understand 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, that 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.

Signature of Administrator _____ Date _____
Required

Signature of School Liaison _____ Date _____
Required (only if different from above)

Signature of Father/Mother/Guardian _____ Date _____
(or student if over 18 years of age) Required

Send completed application, payment of Application Fee, Dual Enrollment Fee, and all required enrollment documents to:

LIGHTHOUSE CHRISTIAN ACADEMY

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