



Lighthouse Christian Academy, Healthcare Occupations Program

Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent/Guardian Info: _____ () - _____
Name Phone#

Education

What is your current GPA: _____

Are you enrolled in Lighthouse Christian Academy?

YES NO

Have you read and agreed to Lighthouse Christian Academy's standards of contact found in the student handbook?

YES NO

Have you read Lighthouse Christian Academy's Healthcare Occupations course requirements document?

YES NO

Have you had any demerits or suspensions in the previous 2 school years?

YES NO
 If yes, please attach a description of the events and your corrective action.

Do you have 92% or greater attendance this previous school year?

YES NO
 If no, please attach documentation of reasoning for absences.

Faculty References

Please list three references.

Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Extracurricular Activities/ Achievements

Exe. Student Government, Youth Group, Sports, Bible study groups:

Program Interest

In your own words please tell us why you want to join the Healthcare Occupations Program.

Attach separate sheet of paper if necessary:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the Healthcare Occupations Program, I understand that false or misleading information in my application or interview may result in my release from the program.

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Parent/Guardian