

Office Use Only: \_\_\_\_\_ Current testing \_\_\_\_\_ IEP \_\_\_\_\_ Next testing date

Application and contract for:  
**LIGHTHOUSE CHRISTIAN SCHOOL**  
**EDUCATIONAL SERVICES**  
5100 Blue Hole Road  
Antioch, TN 37013

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Name student prefers to be called \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

e-mail address(es) \_\_\_\_\_

Father's name \_\_\_\_\_ Employer \_\_\_\_\_

Business address \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Employer \_\_\_\_\_

Business address \_\_\_\_\_ Work phone \_\_\_\_\_

Person responsible for payment \_\_\_\_\_ Phone \_\_\_\_\_

Who is the legal guardian of the student? \_\_\_\_\_

Preferred method of contact (ex. e-mail) \_\_\_\_\_

Number of sessions per week being requested:  1  2  3  4  5  Other \_\_\_\_\_

Has the student been asked to repeat any grade?  Yes  No If yes, which one? \_\_\_\_\_

State any chronic health, emotional or physical conditions the student has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any diagnosed learning disabilities? \_\_\_\_\_

If so, what is the date of the last testing? \_\_\_\_\_

Please forward a copy of the student's testing to the Educational Services office.

**EDUCATIONAL SERVICES  
CONTRACT**

I, \_\_\_\_\_, as the parent or person responsible for \_\_\_\_\_ (child), agree to pay for tutoring sessions for the school year 2009-2010. I understand that sessions for Lighthouse Christian students are billed in advance at a rate of \$25 per session for students in grades 2 – 12 and \$12.50 per session for students in grades K – 1<sup>st</sup>. Non-LCS students are billed at the following rates: Home schooled students = \$30 per session and students from other schools = \$35 per session. I understand that billing is done through the Lighthouse financial office and will be added to the tuition statement at the beginning of each month. Billing for non-LCS students is paid in advance directly to the Educational Services office.

I understand that tutoring will be suspended if payment is not received within 30 days of the statement date. If this occurs, tutoring will resume when the account is brought current.

If a session must be cancelled due to illness or school scheduling conflicts, a make up session will be scheduled with the student's teacher. If a make up session is not possible, the session will be credited on the next month's billing.

If school is closed for inclement weather, tutoring sessions will be made up or credited.

By signing this contract, I am agreeing to be financially responsible for tutoring services for my child and I agree to abide by the policies of Educational Services that are outlined in the LCS student handbook.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date