



# Jacksonville Lighthouse Charter School

251 North First Street, Jacksonville, AR 72076 • tel 501.985.1200 • fax 501.985.1201

[jlcs@lighthouse-academies.org](mailto:jlcs@lighthouse-academies.org)

## 2009 – 2010 Application



Admission to JLCS is open to all students who are eligible under the laws of the State of Arkansas for admission to public school. In accordance with federal laws, no student will be denied admission to JLCS based on race, ethnicity, national origin, gender, disability, aptitude, or athletic ability.

Students applying to Kindergarten must be 5 years of age on or before September 1, 2009. The deadline for submitting application is April 20, 2009. The lottery will be held on Thursday, April 23, 2009, at 6:00 pm at the Jacksonville Community Center. Applications received after the cut off date will be eligible for remaining slots after the lottery.

### Student Information

**\*APPLY ONLINE at [www.lighthouse-academies.org/jlcs.htm](http://www.lighthouse-academies.org/jlcs.htm)**

Last Name		First Name		Middle Name	
Number, Street and Apartment Number			City and State		Zip Code
					County
Date of Birth	Application Date	Grade going into in <b>2009-2010</b>		Male	Female
				Circle	
<p>_____          _____          _____</p> <p style="text-align: center;">Name of Sibling(s) looking to attend school  <b>**NOTE: Separate application MUST be filled out for each child.</b></p>					
Student resides with: <b>Mother</b> <b>Father</b> <b>Other:</b> _____					
<i>(Circle as many as apply)</i>					
Current School			Current School Address		
School district in which you currently reside					

### Family Information: Student resides with adults listed immediately below

Last Name	First Name	Middle Name	Relationship to student
Last Name	First Name	Middle Name	Relationship to student
(____) _____ - _____	(____) _____ - _____		
Telephone	Cellular Telephone Number	Email Address	
Work Address		Work Telephone	
How did you hear about JLCS? Circle one:    Family / Friend            Live nearby            Application left at door            Newspaper / TV / Radio			
Head Start, if so, which one? _____            Place of worship, if so, name? _____            Other _____			

### Apply Online or Send your application:

- By fax to 501.985.1201
- Or to the following address:  
**Jacksonville Lighthouse Charter School**  
**251 North First Street, Jacksonville, AR 72076**

### For Office Use Only:

Date Received \_\_\_\_\_  
 Time Received \_\_\_\_\_

RECEIPT FOR PARENT/GUARDIAN

Student Name \_\_\_\_\_ Grade going into in **2009-2010** Date Submitted \_\_\_\_\_ Staff Initials \_\_\_\_\_