



Jacksonville Lighthouse Charter School

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

jlcs@lighthouse-academies.org

2010 – 2011 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, 2010. The deadline for submitting application is April 5, 2010. The lottery will be held on April 20, 2009, at 6:00 pm. 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**

Last name		First Name		Middle Name	
Number, Street and Apartment Number			City and State		Zip Code
					County
Date of Birth		YES	NO	Male	
				Female	
Has your child been identified as being in danger of retention?		Grade going into in 2010-2011		Circle	
Siblings attending the school already					
Yes		No			
If yes, names:		_____			
_____		_____			
_____		Name and Grade of Sibling(s) looking to attend school			
		**NOTE: Separate application MUST be filled out for each child.			
Student resides with: Mother Father Other: _____					
<i>(Circle as many as apply)</i>					
Current School			_____		
School district in which you currently reside			Current School Address		

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 **2010-2011**

Date Submitted

Staff Initials