



Jacksonville Lighthouse Charter School

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

jlcs@lighthouse-academies.org

2011 – 2012 Student 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 August 15, 2011. The deadline for submitting application is March 25, 2011. The lottery will be held on April 1, 2011, at 6:00 pm. Applications received after the cutoff date will be eligible for remaining slots after the lottery.

Student Information

Last name		First Name		Middle Name	
Number, Street and Apartment Number		City and State		Zip Code	County
Date of Birth	YES	NO	Grade going into in 2011-2012	Male	Female
Siblings attending the school already: Yes No		Name and Grade of Sibling(s) interested in attending the school			
If yes, names:		_____ _____ _____ **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			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
_____	_____	_____	_____
(____) _____ - _____	(____) _____ - _____	Email Address	
Telephone	Cellular Telephone Number	Work Telephone	
Work Address			

Interested in what site:

- Main Site: 251 N. 1st St., Jacksonville (Grades K-8)
- Little Rock Air Force Base Upper Academy, Jacksonville (Grades 5-8 ONLY)
 - Live on base
 - Possess a base pass
- Both: 1st Choice: _____ 2nd Choice: _____

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 **2011-12** Date Submitted _____ Staff Initials _____