



Capital City Lighthouse Charter School

Grades K-6, 3901 Virginia Drive, North Little Rock, AR 72118
tel 501.313.2901 • fax 501.313.2105



2016 – 2017 Application

Admission to CCLCS 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 CCLCS 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 1, 2016. The deadline for submitting application is April 1, 2016 at 5:00 pm. The lottery will be held on April 21, 2016, 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

Last name		First Name		Middle Name	
Number, Street and Apartment Number			City and State		Zip Code
Date of Birth		Has your child been identified as being in danger of retention? YES NO		Grade going into 2016-17	
Siblings attending the school already: Yes If yes, names:		No		Male Female	
				Circle	
				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			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 CCLCS? 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 501.313.2105 or by email to info-CCLCS@lighthouse-academies.org
- Or to the following address:

Capital City Lighthouse Charter School
3901 Virginia Drive, North Little Rock, AR 72118

For Office Use Only:

Date Received _____

Time Received _____

RECEIPT FOR PARENT/GUARDIAN

Student Name _____

Grade going into **2016-2017**

Date Submitted _____

Staff Initials _____