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| Lone Mountain Warriors.png | **Lone Mountain Academy**  **4295 North Rancho Drive Las Vegas, NV 89130**  **Phone: 702.633.4240**  **lonemountainacademy.org** |  |

Student Application Form

\*\* Office Use Only \*\*

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Fee Rcv’d: Y / N

Registration Free Rcv;d: Y / N

FACTS Enrolled: Y / N / PIF

Lone Mountain Academy is operated as an exempt school under the provision of the NRS 394.211 and as such is exempt from the provisions of the Private elementary and Secondary Education Authorization Act.

To be eligible to attend Lone Mountain Academy, the student and at least one parent must be in **active** **attendance** for at least six months at Calvary Chapel Lone Mountain or another area church of like faith.

We actively attend and support Calvary Chapel Lone Mountain or another church listed below:

☐ Calvary Chapel Lone Mountain ☐ Other church (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Student Information** | | | | | | | | |
| School Year Starting August 20\_\_\_\_\_\_\_\_ Enrollment Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Student’s Name: | | | | | | Nick Name: | | |
| Gender: ☐ Male ☐ Female | Birth Date: / / | | | | Age: | SSN: - - | | |
| Parents are: ☐ Married ☐ Divorced | | | If divorced, which parent has primary physical custody? | | | | | |
| Joint Custody? ☐ Yes ☐ No | | If no, parent with legal custody: | | | | | | |
| A copy of the Divorce Decree is required upon acceptance. | | | | | | | | |
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| **Father/Guardian Information** | | | | | | | | |
| Father’s Name: | | | | | | SSN: - - | | |
| Home Address: | | | | | | | | Zip: |
| Home Phone: | | | Cell Phone: | | | | Work Phone: | |
| E-mail Address (please print clearly): | | | | | | | | |
| Employer: | | | | Occupation: | | | | |
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| **Mother/Guardian Information** | | | | | | | | |
| Mother’s Name: | | | | | | SSN: - - | | |
| Home Address: | | | | | | | | Zip: |
| Home Phone: | | | Cell Phone: | | | Work Phone: | | |
| E-mail Address (please print clearly): | | | | | | | | |
| Employer: | | | | Occupation: | | | | |

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| **Non-Discriminatory Policy**  **LMA admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school. The school does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic, or other school-administered programs.** |

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| **School History** | | | | |
| Previous schools attended starting with most recent (*address is necessary to request student records*): | | | | |
| Name: | | Address: | | |
| City: | State: | | Zip: | Phone: |
|  | | | | |
| Name: | | Address: | | |
| City: | State: | | Zip: | Phone: |
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| Has your child ever been suspended from any school or asked to leave? ☐ Yes ☐ No | | | | |
| If yes, please explain: | | | | |
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| I/We hereby authorize LMA to obtain all information and files from all previous schools. ☐ Yes ☐ No | | | | |
| Has the applicant received special help for a reading or learning difficulty or been tested for such? ☐ Yes ☐ No | | | | |
| Has the applicant been diagnosed with ADD, ADHD, or a learning disability? ☐ Yes ☐ No | | | | |
| If yes, please provide documentation with this application. | | | | |
| Has the applicant ever been retained or recommended for retention? ☐ Yes ☐ No | | | | |
| If yes, please explain: | | | | |
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| **Homeschool Academic History** | | | | |
| If you have home schooled your child, please provide the following information: | | | | |
| ☐ Homeschooled for grades K – 8 (Provide transcript information for the last two years in the boxes below and a copy of the Iowa or Stanford Achievement Test results if available.) | | | | |
| ☐ Homeschooled for grades 9 – 11 (Provide transcript information for grades 9 – 11 in the boxes below and a copy of the Iowa Test and/or Stanford Achievement Test, and results of any Nevada High School Proficiency Examination tests.) | | | | |
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| Grade: | | Year: | | |
| Curriculum Used: | Subject: | | Credit: | Grade: |
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| Activities: | | | | |

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| Grade: | | Year: | | |
| Curriculum Used: | Subject: | | Credit: | Grade: |
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| Activities: | | | | |

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| Grade: | | Year: | | |
| Curriculum Used: | Subject: | | Credit: | Grade: |
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| Activities: | | | | |

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| Describe your child. Include your parental perspective on your child, your child’s strengths and abilities, special areas of interest, as well as areas of concern, and his/her relationship with God. We appreciate your assistance in helping us to know your child better. Use a separate sheet if necessary. | | |
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| **Medical Information** | |
| Primary Physician Name: | Phone: |
| Primary Medical Insurance Company: | Policy #: |
| Is the applicant presently taking any medication? ☐ Yes ☐ No | |
| If yes, please explain: | |
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| Known Allergies: | |
| Special Medical Conditions: | |
| Describe any illness, diseases, or physical disabilities that have either affected or may affect your child’s general health, schoolwork, or participation in the school’s athletic programs. Are there currently any behavioral, psychological, or educational evaluations, treatments, or interventions? | |
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| **Pick Up Information** | | |
| Please list the names of individuals, other than parent/guardians, who have permission to pick up this student. | | |
| Name | Relationship | Phone |
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| **Emergency Contact (Other than parents)** | | |
| Name | Relationship | Phone |
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| **Media Consent** |
| ☐ Yes, I grant permission to LMA and its staff to photograph, videotape me/my child(ren) and to copyright, use and/or publish the photographs/videos and audiotapes in any school publication and public relations material, including the website. |
| ☐ No, I do not grant permission to LMA and its staff to photograph, videotape me/my child(ren) and to copyright, use and/or publish the photographs/videos and audiotapes in any school publication and public relations material, including the website. |

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| ☐ Yes, I currently attend the church indicated on page 1 and know that I must present a Pastoral Reference form from that fellowship. I agree to abide by the standards set forth in the student handbook and the decisions made by the administration of Lone Mountain Academy. | |
| ☐ Yes, I have answered the above questions in truth and to the best of my ability. I hereby certify that the facts contained in this enrollment application are true and complete to the best of my knowledge. | |
| ☐ I understand that an enrollment fee is due upon acceptance. | |
| ☐ I understand that **ALL FEES ARE NON-REFUNDABLE**. | |
| Father’s/Guardian’s Signature: | Date: |
| Mother’s/Guardian’s Signature: | Date: |

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| The following must accompany this application: | | | | | |
| ☐ Parent Testimony | ☐ Signed Statement of Faith | | ☐ Most Recent Report Card | | ☐ Enrollment Fee |
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| The following is required at the time of administrative interview: | | | | | |
| ☐ Birth Certificate | | ☐ Immunization Records | | ☐ Pastoral Reference submitted by mail | |
| ☐ Field Trip/Medical Release Form | | ☐ Copy of most current Custody Agreement (if applicable) | | | |

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| Applications and fees are held only for the school year being applied for. Applications and fees must be resubmitted for each school year. Applications that do not have the above mentioned documents attached will be considered incomplete and will not be processed.  **\*\*Submission of application does not constitute approval of admission\*\*** |

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| **Statement of Faith** |
| **WE BELIEVE** that the only true basis of Christian Fellowship is His love (Agape), which is greater than any differences we possess and without which we have no right to claim ourselves Christians.  **WE BELIEVE** worship of God should be Spiritual. We remain flexible and yielded to the leading of the Holy Spirit to direct our worship.  **WE BELIEVE** worship of God should be Inspirational. We give a great place to music in our worship.  **WE BELIEVE** worship of God should be Intelligent. Our services are designed with great emphasis upon teaching the Word of God that He might instruct us how He would be worshiped.  **WE BELIEVE** worship of God is Fruitful. We look for His love in our lives as the supreme manifestation we have truly been worshiping Him.  **WE BELIEVE** that there is one living and true God, eternally existing in three persons: The Father, the Son, and the Holy Spirit, equal in power and glory; that this triune God created all, upholds all, and governs all.  **WE BELIEVE** that all the scriptures of the Old and New Testaments are the Word of God, fully inspired, without error in the original manuscripts, and the infallible rule of faith and practice.  **WE BELIEVE IN GOD THE FATHER**, as infinite, personal Spirit, perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer, and that He saves from sin and death all who come to Him through Jesus Christ.  **WE BELIEVE IN JESUS CHRIST**, God’s only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings, His substitutionary atoning death; bodily resurrection, ascension into heaven; perpetual intercession for His people; and personal, visible return to earth. We believe that He is one and the same as God.  **WE BELIEVE IN THE HOLY SPIRIT**, who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower in ministry all who believe in Christ; we believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher and Guide. We believe in the present ministry of the Holy Spirit as reflected through the fruit of that same Spirit and in the exercise of all Biblical gifts of the Spirit as reflected through the fruit of that same Spirit.  **WE BELIEVE** that all People are sinners by nature and choice and therefore, are under condemnation; that God regenerates, by the Holy Spirit, those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit and power for service, either at the time of or subsequent to regeneration.  **WE BELIEVE** in the universal Church, the living spiritual body, of which Christ is the Head and all regenerated persons are members.  **WE BELIEVE** that the Lord Jesus Christ committed two Ordinances to the Church: 1) Baptism, and 2) The Lord’s Supper. We believe in Baptism of Believers by immersion and Communion open to all Believers.  **WE BELIEVE** in the Baptism of the Holy Spirit, the empowering Spirit for service, subsequent to or simultaneously with the indwelling Spirit for salvation.  **WE BELIEVE** in the laying on of hands for the sending out of Pastors and Missionaries, and in conjunction with anointing of oil by the Elders for healing of the sick.  **WE BELIEVE** in the personal, visible Return of Christ to the earth and the establishment of His Kingdom; in the resurrection of the body; the final judgment and eternal blessing of the righteous and endless suffering of the wicked.  **WE BELIEVE** in what is termed THE APOSTLES CREED as embodying fundamental facts of Christian faith.  **WE PLACE** great importance on the exposition of the Scriptures, with a specific emphasis on verse by verse, chapter by chapter teaching through the entire Bible.  **WE RELY** strongly on the ministry of the Holy Spirit and seek to remain flexible to His leading. We believe that the Holy Spirit’s leading will always be consistent with the clear teaching of Scripture.  **WE ARE CONVINCED** that where God guides, He provides. Therefore we trust the Lord to provide for and to build His Church.  **WE SEEK** to worship and serve the Lord within the context of our culture, yet we recognize that the culture must conform to the Scriptures, not the Scriptures to the culture. |

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| I/We have read and agree with the above Statement of Faith. | |
| Father’s/Guardian’s Signature: | Date: |
| Mother’s/Guardian’s Signature: | Date: |
| After acquainting yourself with Lone Mountain Academy’s philosophies and Statement of Faith, describe your expectations in regard to your child’s education. | |
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| As the parent(s) or Guardian of the student applicant named herein above, I/We state that we are aware of the Doctrinal Statement, Statement of Faith, and Philosophy of Lone Mountain Academy and agree that upon acceptance of the herein named student, I/We will pledge ourselves to work with LMA staff, administration, and faculty within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. I understand and acknowledge that continued enrollment of my/our child, if admitted to LMA, shall be subject to the payment of all fees and charges set forth on the schedule of fees as periodically amended by LMA and my/our child’s compliance with LMA’s code of conduct and policies periodically established by LMA. | |
| Father’s/Guardian’s Signature: | Date: |
| Mother’s/Guardian’s Signature: | Date: |

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| Parents, please include a brief testimony of your salvation and relationship with the Lord. This must accompany the enrollment application. |
| Father/Guardian: |
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| **Application for Member Discount** | |
| ☐ I would like to apply for the Lone Mountain Academy Member Discount. I understand that Calvary Chapel Lone Mountain will confirm my attendance by verifying the Children’s Ministry records and my tithe record. | |
| Parent/Guardian Signature: | Date: |

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| **\*\*\*\* For LMA Office Use \*\*\*\*** | |
| ☐ Membership Discount Verified By: | Date: |
| ☐ Unable to Verify Membership Discount: | Date: |
| ☐ Family has been notified of Membership Discount results by: | Date: |