



Lustre Christian High School

4 LUSTRE HIGH CIR • LUSTRE, MT 59225
DIRECT: (406) 392-5735 • FAX: (406) 392-5765
E-MAIL: LCHS@NEMONT.NET WWW.LUSTRECHRISTIAN.ORG

INTERNATIONAL STUDENT & DORMITORY APPLICATION PACKET

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STUDENT ADMISSIONS PROCESS

Step 1: The student needs to download and complete the following:

- A. Page 2 – Student Application
- B. Page 3 – Covenant Form
- C. Page 4 – Financial Agreement
- D. Page 5 – Medical Information Form
- E. Page 6 – Immunization Form (*or other comparable form provided by your medical team*)
- F. Page 8 – Parent Letter
- G. Page 9 – Student Letter
- H. Page 10 – Pre-Participation Physical Examination (*A physical is required for all students prior to their arrival, this form will also fulfill the athletic physical requirement*)
- I. Page 11 – Dormitory Residency Application
- J. Page 12 & 13 – Personal Reference Forms (*Two adult non-family references*)
- K. Copy of Transcript *OR* Copies of All High School Report Cards
- L. Copy of SLEP or TOEFL Scores

Step 2: Send the application forms to LCHS either by mail, fax, or e-mail using the following:

(1) MAIL: (2) FAX: (3) E-MAIL:
4 Lustre High Cir (406) 392-5388 lchs@nemont.net
Lustre, MT 59225

Step 3: Admissions Committee reviews the returned information.

Step 4: A representative from LCHS will contact you regarding the status of your application.

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STUDENT APPLICATION

(Please Complete & Return)

Student's Full Name: _____ Date of Birth: _____
Last First Middle

Social Security Number: _____ Gender (M / F) Circle One

Parent/Guardian with Whom You Live: _____

Home Address: _____

City, State, Country: _____ Zip Code: _____

E-Mail Address of Parent: _____

Phone (Cell Phone or Home Phone): _____

Father's Name: _____ Employer: _____ Phone: _____

Address if different from student: _____

Mother's Name: _____ Employer: _____ Phone: _____

Address if different from student: _____

Currently in grade: 8 9 10 11 12

Seeking Admission for Grade: 9 10 11 12

Target Date for Enrollment: _____
Month Year

Do you plan to stay in the dorm? Yes No

School Last Attended: _____ Phone: _____

Address: _____ Administrator: _____

Counselor: _____

First Year Students: Please include immunization records.

Refer all inquiries to: Daryl Toews ♦ DarylToews@gmail.com

Parent or Guardian

Date

Student

Date

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COVENANT FORM

(Please Complete & Return)

Realizing that Lustre Christian High School is a Christian school supported in part by prayers, tithes and sacrificial gifts of God's people, and further realizing my responsibility before God and community to maintain a good witness and testimony, I will not:

1. Use tobacco, alcoholic beverages, or drugs,
2. Frequent questionable places in person or on the Internet.
3. Act in any way as to bring dishonor, reproach, or shame to God, my family, church or community.

All information in this application is correct. I also declare myself willing to abide by the standards of conduct set forth by Lustre Christian High School, deemed necessary by the faculty and Board of Education. Willful breaking of this covenant shall constitute just cause for my dismissal from school.

For boarding students: I also agree to abide by the Dorm Guidelines as outlined in the dorm appendix.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

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Financial Agreement Sheet

International Students

2017-2018

All fees are due and payable at the beginning of the pay period option of your choice or as indicated. The costs are kept as low as possible to be consistent with responsible operations. **Scholarships are not offered to first year students.**

Indicate by **circling below the payment schedules you prefer to use** and return this form with your application.

The tuition and room & board costs at LCHS for the 2017-2018 school year are as follows:

	<u>Yearly</u>	<u>Semester</u>	<u>Monthly (9 payments)</u>
Fees: Tuition	\$ 8,500.00	\$4,300.00	\$ 960.00
Room & Board	<u>\$ 9,000.00</u>	<u>\$4,500.00</u>	<u>\$ 1010.00</u>
Totals	\$17,500.00	\$8,800.00	\$1,970.00

STUDENT PARTICIPATION DISCOUNTS based on full year enrollment:

- ❖ **LCHS Choir Participation Discount:** \$500 (\$250 per semester)
- ❖ **LCHS Band Participation Discount:** \$500 (\$250 per semester)
- ❖ **Referring Student to LCHS Discount:** \$1000 for referral of family member or friend who attends LCHS (one time for each referral based on full year enrollment)
- ❖ **TOEFL score Discount:** \$500 for score of 55 or greater
- ❖ **Students Returning for another school year:** \$2000.00 reduction for tuition and room & board fees based on full year payment.

- **Your first payment is due by August 1st or upon or before the first day of enrollment if enrolling at a later semester.**
- **Accepted dorm students must send a non-refundable \$200.00 by July 1st to hold a room opening for them until the beginning of the semester which will then be applied to their room & board.**
- **Room & Board Includes:** Breakfast, lunch and evening meals. Community homes are available on Dorm Parents' weekends off.
- **Payments not received as per chosen option or as indicated will be charged an additional \$15 per month penalty.**

MEDICAL INSURANCE: International Students must show proof of medical insurance or an additional \$600.00 will be billed for insurance provided by the school.

TRANSCRIPTS: Grades will be entered on the Official Transcript upon completion of semester and receipt of full payment.

Signature of Parent or Guardian

Date

Tuition/Room & Board fees include: Books, Admission to Student Activities (Music, Sports and Drama at LCHS only). Community homes provided on dorm parents weekends off.

LCHS does not supply stamps, envelopes, pens, pencils, notebooks, jump drives and other school supplies for students. See our website for a list of school supplies for students to bring.

Form ISFAS01317

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MEDICAL INFORMATION FORM

(Please Complete & Return)

Student Name: _____

Please check one of the following boxes:

☐

NO, I do not have medical insurance that would cover my child. *Please complete the waiver below.*

☐

YES, I have medical insurance that would cover my child full-time while attending LCHS.

Insurance Company Name: _____ Policy Number: _____

Address: _____

***INTERNATIONAL STUDENTS MUST SHOW PROOF OF MEDICAL INSURANCE OR AN
ADDITIONAL \$600 WILL BE BILLED FOR INSURANCE PROVIDED BY THE SCHOOL.

WAIVER

I understand that ALL medical costs incurred by my student while enrolled at LCHS are my responsibility regardless of whether or not I carry health insurance on my student. All students must show proof of insurance or purchase accident insurance. Accident insurance applications from an independent insurance company will be made available at the high school.

Parent or Guardian

Date

Student

Date

If you have any special medical information of which we should be made aware, such as allergies, diabetes, or other conditions, please list. Also list any medication the student is taking. _____

CONSENT FOR TREATMENT

In case of serious illness or injury, if parent or emergency numbers cannot be reached:

I give permission for any emergency medical treatment as approved by my child's coach or teacher/advisor, in case of illness or injury while participating in LCHS-related activities.

I understand that this is to prevent any undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. (Parents will be notified in case of serious illness or injury as quickly as possible, but this will make immediate treatment possible.)

Student

Date

Parent/Guardian

Date

Relationship to Student

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(Please Complete & Return)

STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home Work

SECTION II

IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	CC/SR	CC/SR	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended) (if given after 10 th birth date)	SR				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Measles/Mumps/Rubella (MMR) or Measles vaccine only Mumps vaccine only Rubella vaccine only	CC/SR	SR			
Polio (IPV or OPV)	CC/SR	CC/SR	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has documentation of disease	CC	2 nd Dose Recommended			

ACIP* Recommended Vaccines *Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

If filled out by school or child care personnel:

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and Title) Date

Signed: _____
(School or Child Care Official and Title) Date

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The Minimum Requirements for Vaccination Are:

VACCINE	TOTAL NUMBER	ADDITIONAL DOSE REQUIREMENTS
Polio	3 doses	At least one after the 4 th birthday
DTP/DT/DTap/Td	4 doses	One dose must be given after the 4 th birthday
Tdap/Td Booster	1 dose	Prior to entering the 7 th grade a pupil must receive a dose of Td containing vaccine. This schedule applies to pupils who have completed the prior 4 doses above.
MMR	Dose 1 on or after 1 st birthday and Dose 2 prior to kindergarten	Any pupil entering any grade from 7 to 12 who has not already received the 2 required doses at kindergarten age must receive the second dose.
Varicella (chickenpox)	2 doses	Students K-12 th grade will need to have 2 doses.

If a child has not completed the minimum vaccination series required by Montana Law, a Conditional Attendance Form, No. HES 103-1B should be completed and attached to the immunization form. If the pupil has received at least one or more doses of the required vaccine(s), he/she can conditionally attend until the next dose is due. In order to remain in school, the pupil must continue to receive all remaining doses as specified on the conditional form. If the pupil fails to complete the immunizations within the time period indicated, he/she must either qualify for and claim an exemption or be excluded immediately from school by the school administrator. The State of Montana allows exemptions for medical or religious reasons. Please request the required forms for claiming such exemptions. A claim of exemption, if immunizations are contrary to the religious belief of the parent or guardian, must be notarized each year on an affidavit provided by the Montana Health Department.

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PARENT LETTER

(Please Complete & Return)

Parent/Guardian: Please write a letter stating reasons for student application and a brief family history.

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STUDENT LETTER

(Please Complete & Return)

- 1) Please explain briefly why you want to attend Lustre Christian High School. *(To be completed by student.)*

- 2) Do you know Jesus Christ as your personal Savior?
*If yes, please explain your personal testimony below.

Yes

No

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See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

Name _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade _____	Date of Birth _____
Home Address _____	Phone Number _____		
Parent's Name _____	Family Physician _____		
Current School _____	Date _____		
Student Signature _____			

[illegible]

Date of last known tetanus shot:

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PROVIDER'S PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____
Height _____ Weight _____ Pulse _____ BP: Left Arm _____ / _____ Right Arm _____ / _____
Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple examiner set-up only.

Notes: _____

CLEARANCE

- ☐ Cleared without restriction
☐ Cleared with recommendations for further evaluation or treatment for: _____

☐ Not cleared for ☐ All sports ☐ Certain sports _____ Reason: _____

Recommendations: _____

Name of physician/medical provider [print or type] _____ Date _____

Address _____ Phone _____

Signature of physician/medical provider _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian _____ Signature of parent or guardian _____

Date _____ Address _____ Insurance (Company name) _____

Parent's Home Phone _____ Parent's Work Phone _____ Parent's Cell Phone _____ Additional Phone (if any-specify) _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

(Updated 3/10)

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DORMITORY RESIDENCY APPLICATION

(Please Complete & Return)

Lustre Christian High School (LCHS) offers students on-campus residence. The dormitory facility was built by the people of the community to ensure both a Christian environment and safety of the students. It is important that the school understands the past history of each of the applicants seeking residency at the dorm. Parents of all dormitory student applicants must complete this form.

- | | | |
|---|-----|----|
| 1. Has the applicant ever been expelled from school?
If yes, list school expelled from and reason for expulsion. | YES | NO |
| 2. Has the applicant ever received a psychological examination other than required for special education?
If yes, a copy of the examination or summary of the examination must be submitted by the qualifying psychologist before admission will be granted. | YES | NO |
| 3. Has the applicant ever been arrested, served, or is serving probation? | YES | NO |
| 4. Has or does the applicant smoke cigarettes?
If yes, please indicate the last time he/she smoked and at what rate per day or week. | YES | NO |
| 5. Has or does the applicant consume alcoholic beverages?
(beer, wine, wine coolers, liquor, etc.)
If yes, please indicate the last time he/she drank and at what rate per day or week. | YES | NO |
| 6. Has or does the applicant use chemicals such as marijuana, cocaine, crack, etc?
If yes, please indicate the last time he/she used and at what rate per day or week. | YES | NO |
| 7. Has or does the applicant huff, sniff, snort or otherwise use things such as glue, liquid paper, common household chemicals, cleaning agents, or other substances?
If yes, please indicate the last time he/she used and at what rate per day or week. | YES | NO |
| 8. Has the applicant ever been enrolled in a program for chemical us or otherwise been counseled for it?
If yes, is the applicant currently enrolled in an active aftercare program? | YES | NO |
| 9. Does the applicant have a medical condition that requires the use of prescription medication? If yes, please list names and dosage amounts below. | YES | NO |
-

ALL DORM STUDENTS WILL BE ON A 30 DAY PROBATION PERIOD

During the 30 day period, the students will show his/her willingness to abide by all dorm guidelines, dorm discipline policy, and prove to live in harmony with other dorm students. An unwillingness to cooperate with Dorm Parents, lack of academic performance, spiritual commitment, and/or discipline problems will be cause for dismissal from the dorm.

Parent or Guardian

Date

Student

Date

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PERSONAL REFERENCE FORM #1

(Please Complete & Return)

Name of Prospective Student _____

The above named student has listed you as someone who can give the LCHS Admissions Board a personal reference regarding his/her character. Please give your candid evaluation of this person by checking the appropriate boxes below. Your response is confidential. If you are unsure of any characteristic, please leave it blank

Name of Reference: _____

Phone Number: _____

Address of Reference: _____

Relationship to Student (friend of family, friend, neighbor, fellow church member, etc.): _____

	Outstanding	Strong	Average	Weak	Non-Existent
1. Spiritual Life					
2. Purposefulness					
3. Initiative					
4. Industriousness					
5. Positive Influence on Others					
6. Acceptance by Others					
7. Responsibility					
8. Leadership					
9. Emotional Qualities					
10. Personal Appearance					
11. Honesty					

12. To what extent does this person respect and cooperate with those in authority over him/her?

13. What would you consider to be this person's outstanding strengths? Weaknesses?

14. Please write specific information concerning any area of the applicant's life which would be helpful to us for proper evaluation.

Thank you for your assistance in helping us evaluate this person for admission to our facility.

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PERSONAL REFERENCE FORM #2

(Please Complete & Return))

Name of Prospective Student _____

The above named student has listed you as someone who can give the LCHS Admissions Board a personal reference regarding his/her character. Would you please give your candid evaluation of this person by checking the appropriate boxes below. Your response is confidential. If you are unsure of any characteristic, please leave it blank

Name of Reference: _____

Phone Number: _____

Address of Reference: _____

Relationship to Student (friend of family, friend, neighbor, fellow church member, etc.): _____

	Outstanding	Strong	Average	Weak	Non-Existent
1. Spiritual Life					
2. Purposefulness					
3. Initiative					
4. Industriousness					
5. Positive Influence on Others					
6. Acceptance by Others					
7. Responsibility					
8. Leadership					
9. Emotional Qualities					
10. Personal Appearance					
11. Honesty					

12. To what extent does this person respect and cooperate with those in authority over him/her?

13. What would you consider to be this person's outstanding strengths? Weaknesses?

14. Please write specific information concerning any area of the applicant's life which would be helpful to us for proper evaluation.

Thank you for your assistance in helping us evaluate this person for admission to our facility.

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DORMITORY INFORMATION

(For your records only)

LCHS is proud of the fine dormitory built by the people of the community. The dorm can house 32 students and one set of dorm parents. The east half of the facility is for the girls; the west half for the boys. The dorm parents' apartment is in the middle. A recreation room, kitchen, and laundry rooms are provided.

The dorm parents are employed full-time. They are hired as dorm parents because of their love for working with young people and because they sense the position is a ministry. They are important members of our staff and play a crucial role in the success of our school.

WHAT TO BRING

A. NECESSITIES

Dorm students are responsible for their personal belongings. Students should bring the following items with them:

- Bedding for twin-size bed (including mattress pad)
- Washcloths and towels
- All personal belongings (hangers, shampoo, deodorant, soap, etc.)
- Laundry supplies (detergents, conditioners, bleaches, etc.)
- School supplies (paper, pencils, etc.)
- Spending money (\$15-20 per week)
- Personal medications (The dorm parents are to be notified of **any medications** a student is taking whether over-the-counter or prescription.)

B. ENTERTAINMENT (OPTIONAL)

- Students may have computers, stereos, radios, and/or CD's in their rooms, but under the dorm parents' supervision and approval.

C. VEHICLE (OPTIONAL)

- Students may also have a vehicle on campus, but the keys must be left with the dorm parents.

ROOM CARE

A. Students are responsible for the care and appearance of their rooms.

- Room inspections are made at the dorm parents' discretion.
- Each student is responsible for any damage to the room

MEDICAL

A. All medical costs incurred by boarding students while enrolled in LCHS are the responsibility of the parent(s) or guardian(s).

B. All students must show proof of insurance.

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CODES & STANDARDS

(For your records only)

DRESS CODE

LCHS believes in order to be efficient in both spiritual and academic education, it is necessary to maintain high standards. It is a demonstrated fact that a high correlation exists between conduct and clothing.

All clothing for the school year is to be neat and clean. Students whose general appearance does not give indication of effort to be neat will be required to make improvement. Extremes in appearance are not accepted. Shirts with logos or slogans must be compatible with the purpose of our school (rock groups, liquor companies, and sexual innuendos are not acceptable.) Jeans for both sexes are to be clean and neat, without rips, tears of other intentional defacing.

Girls should wear modest attire. Dresses shorter than 3 inches above the knees are not allowed. Jeans are permitted if their tightness does not compromise the school's standard of modesty.

Boys are to wear shirts with sleeves (tank tops or sleeveless shirts are not acceptable). Hair should be neat, clean and cut in a manner so as not to cause a distraction in the classroom or school. (Coaching staff may set standards for athletic teams.) Beards, goatees, mustaches, and other forms of facial hair are not permitted. Piercings are not allowed for boys.

There may be special days throughout the year when the dress code is altered, such as during Spirit Week. On these special days all modesty standards will still apply. There will also be "dress-up" days, during which students will be expected to dress at a standard above and beyond their normal, everyday dress.

PERSONAL STANDARDS

How we dress and act is very important, therefore we expect high standards of behavior and dress from LCHS students. Applicants should be of approved Christian character and willing to obey the rules and regulations of the school. These regulations are printed in the Student Handbook, which is distributed to students at the beginning of each school year. These Student Handbooks are available to anyone upon request.

STUDENT LIFE

LCHS assumes a heavy responsibility in the overall training of students. Parents may be assured that each staff member is interested in the spiritual, social and academic development of each student that comes to our school.

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GRADE SYSTEM, ELIGIBILITY, & CURRICULUM

(For your records only)

GRADING SYSTEM

A	(94-100%)	Excellent
B	(86-93%)	Good
C	(78-85%)	Average
D	(70-77%)	Below Average, but shows interest
F	(0-69%)	Failure

Honor roll qualification is 3.50-4.00 GPA. Honorable Mention qualification is 3.00-3.49 GPA.

ELIGIBILITY

Eligibility will be necessary for participation in any extracurricular activities at LCHS. This includes all athletes, drama, music, or other activities not part of the daily curriculum of the school. Each student's eligibility will be determined according to the following policy:

- A. The eligibility determinations will be made weekly and will include the grades of the current semester.
- B. At any time throughout the school year the student must maintain the following standards to remain eligible for extracurricular activities:
 - A minimum GPA of 2.0
 - Students have one week to make-up or they will be ineligible if they have an F in any subject.
- C. Grades are reported to the office before first period each Monday. Ineligibility will be posted to the teacher by third period the same day.
- D. The grade week is Monday through Sunday of the following week.

Monday
Grades
Posted

Tuesday Wednesday Thursday Friday Saturday Sunday
Student may continue to participate

Monday
Ineligible if
not made up

LUSTRE CHRISTIAN HIGH SCHOOL

4 LUSTRE HIGH CIR ♦ LUSTRE, MT 59225
DIRECT: (406) 392-5735 ♦ FAX: (406) 392-5765
E-MAIL: LCHS@NEMONT.NET ♦ WWW.LUSTRECHRISTIAN.ORG

Student Supply List

All students must have the following items:

- The Holy Bible
 - If you do not speak English as your native language, we recommend that you have a Bible that has an English translation alongside of your native language.
- 3-ring binder
- Backpack/ book-bag
- Scientific Calculator (Ex. TI-83 or higher) – for higher level math classes
- College-ruled notebook paper
- Eraser
- Flash drive (2 GB minimum)
- Pencils (Mechanical or normal, no. 2 lead)
- PE shoes (used indoors only)
- PE Clothes (complying with LCHS Dress Code)
- Pens (black or blue ink)
- Pocket folders
- Tabbed dividers

Optional items:

- Highlighters
- Organizer/ planner
- Scissors
- Stapler
- Tissues
- Hand sanitizer