

NEW ADMISSION APPLICATION  
GRADES 6-12  
2011-2012



# Legacy Christian Academy

## GRADES 6-12 APPLICATION PROCEDURES 2011-2012

### APPLICATION INSTRUCTION CHECKLIST

The applicant is responsible for ensuring that all steps in the application process are completed. Please refer to the following checklist as you work through the entire application process because it has been created to assist you with potential questions and/or problems.

**Application/Student Questionnaire:** The application and student questionnaire must be completed, signed and returned to the school along with \$400.00. All but \$100.00 is returned to the applicant if they choose not to attend LCA. The receipt of the application fee, completed application and questionnaire initiates the formal application process.

**Interview and Visit:** A personal interview with at least one parent or legal guardian and the potential new student is required. Personal interviews are arranged by the applicant with the Director of Admissions after a student's application is completed and on file.

**Transcript/Student Records:** Enclosed is a "Transcript Release Authorization" form requesting the applicant's transcript. Please give the form to the principal/guidance counselor at the student's present school, with instructions to mail/fax the transcript to the admissions office. A Principal/Counselor evaluation is included on the "Transcript Release Authorization" form.  
The transcript must include current courses, recent grades, and any standardized aptitude and/or achievement test scores.

**Admission Test:** Students applying for admission into grades 6-12 are required to schedule a time with the Admissions Department to complete an Admissions Test. In some cases additional tests (i.e. PSAT, Stanford Achievement, SAT, etc.) may be required or used in place of the Legacy Admissions Test. For more information or to register for the test please call the office at 409-924-0500.  
Upon completion of the admissions process families will be notified of the results by the Director of Admissions.

**Financial Aid: (If applicable)** Legacy Christian Academy provides tuition assistance to families meeting financial requirements. The school begins to review qualified applicants in March with the goal of allocating a majority of aid by the end of May. Financial aid may continue throughout the summer and school year based upon available funds. A FAST financial aid link to apply online can be found at: [www.legacychristianacademy.org](http://www.legacychristianacademy.org).

# Legacy Christian Academy

## APPLICATION FOR ADMISSION

Applicant Name: \_\_\_\_\_  
First Middle Last

(Please print name exactly as it should appear on permanent records.)

Preferred Name \_\_\_\_\_  Male  Female Applicant's Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address \_\_\_\_\_  
Street Apt# City State Zip

Phone (H) \_\_\_\_\_ Student Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Current Grade \_\_\_\_\_ Applying to Grade \_\_\_\_\_ Year \_\_\_\_\_

Present School \_\_\_\_\_ Years of Attendance \_\_\_\_\_  
 Public  Parochial  Independent/Private  Home school

School Address \_\_\_\_\_  
Street City State Zip

Has applicant ever repeated a grade?  Yes  No

### FATHER OR MALE GUARDIAN

### MOTHER OR FEMALE GUARDIAN

Preferred Name (Dr./Mr./Rev.) \_\_\_\_\_ Preferred Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax (H) \_\_\_\_\_ Fax (H) \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_ Profession/ Position \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

Check any that apply:  Father Deceased  Mother Deceased  Parents Separated  Parents Divorced  
Student lives with?  Father & Mother  Father  Mother  Mother  
 Guardian  Stepfather  Stepmother  Other \_\_\_\_\_  
May send mail to?  Father  Mother  Guardian  Other \_\_\_\_\_  
Legal custody?  Father  Mother  Guardian  Other \_\_\_\_\_  
Financial responsibility?  Father  Mother  Guardian  Other \_\_\_\_\_

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Is there any medical condition or other reason that the applicant cannot participate fully in any normal school activities, including athletics or co-curricular activities?  Yes  No *If yes, please explain.*

Are there any special factors, conditions, learning differences, including any special medications or allergies, affecting your child about which the school needs to be informed?  Yes  No *If yes, please explain.*

How did you learn about Legacy Christian Academy? *(Please provide names where possible. Check all that apply)*

- Alumnus \_\_\_\_\_  Minister \_\_\_\_\_  Guidance Counselor or Teacher \_\_\_\_\_  
 Current Student or Parent \_\_\_\_\_  Billboards \_\_\_\_\_  
 Brochures \_\_\_\_\_  Neighbor \_\_\_\_\_  Realtors \_\_\_\_\_  
 Newspaper \_\_\_\_\_  Yellow Pages \_\_\_\_\_  Radio/TV \_\_\_\_\_  
 Chamber of Commerce \_\_\_\_\_  Other \_\_\_\_\_

Does the applicant have any relatives that currently attend the school?  Yes  No  
*If yes, please list names and years in attendance.*

Does the applicant have any relatives that previously attended the school?  Yes  No  
*If yes, please list names and years in attendance.*

Does the applicant have any siblings?  Yes  No *If yes, please complete.*

Name	Birthday	Grade	School
Name	Birthday	Grade	School
Place of Worship		Phone	
Address			
Street	City	State	Zip

Please check the additional offerings at Legacy Christian Academy that are of particular interest to the applicant:

- Athletics \_\_\_\_\_  Clubs \_\_\_\_\_  
 Student Government  Art  Drama  Choral/Ensemble  AP Courses

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Legacy Christian Academy. This includes such things as suspensions, expulsions, psychiatric care, substance abuse, or any other behavioral problems at home or at school. Please note on a separate sheet any situations that could influence your child's experience at Legacy Christian Academy. Failure to notify us could result in your child's separation from Legacy Christian Academy.*

\_\_\_\_\_  
Parent or Guardian Signature
Student Signature
Date

**Please include:**

- \$400 application fee (All but \$100 is returned if the student does not attend LCA)
- Copy of the applicant's report card for the last two years to date.
- Recent photograph of the applicant (optional)

**Return to:**

Admissions Office  
 8200 Highway 105  
 Beaumont, TX. 77713

# Legacy Christian Academy

## Grandparents Information

Applicant Name \_\_\_\_\_  
First Middle Last  
(Please print name exactly as it should appear on permanent records.)

### PATERNAL GRANDFATHER

Preferred Name (Dr./Mr./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

### MATERNAL GRANDFATHER

Preferred Name (Dr./Mr./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

### PATERNAL GRANDMOTHER

Preferred Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

### MATERNAL GRANDMOTHER

Preferred Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

# Legacy Christian Academy

## PATERNAL STEP-GRANDFATHER

Preferred Name (Dr./Mr./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

## PATERNAL STEP-GRANDMOTHER

Preferred Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

## MATERNAL STEP-GRANDFATHER

Preferred Name (Dr./Mr./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

## MATERNAL STEP-GRANDMOTHER

Preferred Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Profession/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

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## STUDENT QUESTIONNAIRE GRADES 6-12

Please complete this questionnaire in your own handwriting without assistance from anyone: your parents, your teacher or your friends. Then mail to: Admissions Office, Legacy Christian Academy, 8200 Highway 105, Beaumont, Texas 77713.

Applying to grade \_\_\_\_\_ Beginning Fall 20\_\_\_\_\_  Male  Female

Print Full Name \_\_\_\_\_  
First Middle Last

Age next September 1st \_\_\_\_\_ years, \_\_\_\_\_ months

Names of brothers and their ages: \_\_\_\_\_  
Names of sisters and their ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

E-mail address (if applicable) \_\_\_\_\_

Name of present school \_\_\_\_\_ Your present grade level \_\_\_\_\_

List your present subjects and give your latest report card marks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other schools you have attended and include which grade level(s):  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend a local place of worship? (If yes, give name): \_\_\_\_\_

What are your thoughts on attending a Christian school that promotes a college preparatory culture of educational excellence wherein young men and women are trained spiritually, academically, physically, and artistically to reach their God – given destinies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Legacy Christian Academy

## TRANSCRIPT RELEASE AUTHORIZATION

(To be signed and submitted by parents to the applicant's current school.)

**TO: Principal or Guidance Counselor:**

My child is an applicant for admission to Legacy Christian Academy. I hereby authorize you to release to Legacy Christian Academy the records: a certified copy of the complete transcript (including grades, credits, and all standardized test results), immunization, and health records. We also need hearing, spinal, and vision if available from previous school.

Name of Student \_\_\_\_\_  
First Middle Last

Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name of current school \_\_\_\_\_

School phone \_\_\_\_\_  
Signature of parent \_\_\_\_\_

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## CONFIDENTIAL EVALUATION

Name of Principal or Guidance Counselor \_\_\_\_\_

In what capacity and for how long have you known this student?

Please comment on the student's attitude toward school:

To your knowledge, has the student had any involvement with drugs, alcohol, or juvenile delinquency?  Yes  No

Has the student ever been suspended?  Yes  No Expelled?  Yes  No If yes, please explain:

To your knowledge, has the student had any history of conduct or behavior problems?  Yes  No If yes, please explain:

Does the student have a history of learning disability?  Yes  No

Does he/she require special assistance to meet academic requirements?  Yes  No If yes, please explain:

Attendance:

Additional comments, if needed:

Signature \_\_\_\_\_ Date \_\_\_\_\_