

NEW ADMISSION APPLICATION GRADES 6-12



Legacy Christian Academy

GRADES 6-12 APPLICATION PROCEDURES 2010-2011

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 \$350.00. 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.

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) _____ 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
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Name	Birthday	Grade	School
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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
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Please include:

- \$350 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) _____

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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?

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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 _____

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 _____