

**RE-ENROLLMENT PACKET
GRADES 6-12
2010-2011**



Legacy Christian Academy

STUDENT (RE)ENROLLMENT CONTRACT 2010-2011

Student's Name _____
 (Please Print) Last First Middle Suffix

Please enroll my Son Daughter in grade _____. Payment Plan: Single Two Eleven Total Tuition & Fees*: _____

Tuition Payment Plans for 2010-2011

Student Enrollment Fee (*Due at enrollment and is non-refundable*) \$ **350.00**
 Lab and Textbook Fee (*Due at enrollment and is non-refundable*) \$ **300.00**

Single-Pay	Grade	Total Tuition due 6/1/10
	6	\$6,100.00
	7-8	\$6,650.00
	9-12	\$7,300.00

Two-Pay	Grade	1 st Payment due 6/1/10	2 nd Payment due 9/1/10	Total Tuition
	6	\$3,050.00	\$3,050.00	\$6,100.00
	7-8	\$3,325.00	\$3,325.00	\$6,650.00
	9-12	\$3,650.00	\$3,650.00	\$7,300.00

Eleven -Pay (requires enrollment with FACTS)	Grade	Payments due 6/1/10 – 4/1/11	Number of payments	Total Tuition
	6	\$600.00	11	\$6,600.00
	7-8	\$650.00	11	\$7,150.00
	9-12	\$709.10	11	\$7,800.00

***Other Fees & Discounts:** (*Check if applicable*)

- \$250 Athletic Fee (*Due at time of participation in first sport*) \$ _____
- \$150 Early Re-Enrollment Discount (*Feb 15– Mar 19, 2010*) (*All paperwork must be complete & turned into office*) (\$ _____)
- \$75 Early Enrollment Discount (*Mar 22 - Apr 23, 2010*) (*All paperwork must be complete & turned into office*) (\$ _____)
- Multiple Child Discount: \$700 for 2nd child & \$1,000 for 3rd child and each thereafter (*Applied to tuition*) (\$ _____)
- Other _____ \$ _____

Terms and Conditions

- a. Enrollment of the above student does not become official and this is not binding on Legacy Christian Academy (the school) until parent/guardian receives a copy of this Contract signed by a School Official acknowledging acceptance of the contract and payment of the current (re)-enrollment, lab, and textbook fees totaling \$650.
- b. Amounts paid as enrollment fees will not be accepted as such if a balance exists in the student's account. In such a case, the amount will be applied to the balance.
- c. Tuition includes costs such as tuition, selected social activities, one yearbook, and use of school books. Tuition also applies to grade-level trips (as appropriate), but due to increased costs of travel, a surcharge may be applied.
- d. If parent/guardian defaults on any payment or other obligation under this contract, the School reserves the right to refuse to admit or re-admit the student to class.
 - The School may, in its sole discretion pursuant to its established procedures, dismiss, suspend, or refuse to re-enroll the student at any time because of the student's failure to conform to the various rules, regulations, policies and standards of academic and social behavior as established by the School. Since such behavior may be considered a breach of this enrollment contract, the student may be dismissed, suspended, or denied re-enrollment.
 - I further understand that my signature signifies that my child has permission to participate in field trips authorized by the School and to participate in School activities, including extra-curricular activities, both at and away from the School. In addition, my signature on this contract grants express permission for Legacy Christian Academy to take photographs or videos of my child and to use or publish the same for internal and external publicity and promotional material, including but not limited to: school newsletters, the school website, brochures, admissions materials, news footage, press releases, advertisements, yearbooks, and other promotional material for school purposes. This same permission that I am granting may also apply to any written composition or visual art produced by my child. I understand that my child may be identified by name when my child's photograph, video, composition or art is utilized by the school in this manner.
 - A \$35 fee will be charged if a payment is returned as insufficient.
 - During the course of the school year, the School may change or amend the Family Handbook and this contract includes any such changes.
 - In signing this enrollment contract for the upcoming year, the undersigned parent/guardian, on behalf of myself and my spouse (if applicable), agrees to accept and abide by the rules, regulations, policies, standards of behavior and academic guidelines of Legacy Christian Academy.

Print full name of parent/guardian responsible for payment of tuition. _____ Social Security # _____ Signature _____

Billing Address _____ City _____ Zip _____ Home Phone _____ Cell Phone _____ Date _____
I hereby acknowledge receipt of this contract and the accompanying non-refundable enrollment(s). The student named hereon has been accepted for the 2010-2011 school year, pending satisfactory completion of the current year.

Signature of School Official _____ Date _____

8200 HIGHWAY 105 • BEAUMONT, TEXAS 77713 • 409.924.0500

www.LegacyChristianAcademy.org

Legacy Christian Academy
Emergency Medical and Contact Information Sheet
2010-2011

Student's Full Name: _____

DOB: _____ Gender: M / F

Father's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Mother's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Legal Guardian's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Please list any Medical Conditions this student has now or has had in the past that the school would need to be aware of in the event of an emergency.

Please list any medications this student takes regularly / daily and why the medication is taken.

Allergies (food, medications, etc.): _____

Hospital Preference: _____

Name of Physician: _____

Phone #: _____

Name of Orthodontist: _____

Phone #: _____

If the parents or guardian cannot be contacted, please list alternate adults the school should call.

Name of Alternate Adult	Home phone #	Cell phone#	Work phone#

Name of Alternate Adult	Home phone#	Cell phone#	Work phone#

Legacy Christian Academy

Legacy Christian Academy has my permission to release my student into the care of all of the above listed alternate adults. _____ (initials)

Name of Health Insurance: _____

Name of Insured: _____

Group #: _____ Policy #: _____

I hereby give my consent for any doctor, hospital, and/or qualified first aid provider to give any emergency medical care to the above named student. Representatives of Legacy Christian Academy have my permission to give consent for any and all necessary treatment.

Printed Name: _____

Signature: _____

Relationship to student: _____

GENERAL RELEASE AND INDEMNITY / HOLD HARMLESS:

I, THE UNDERSIGNED PARENT (OR GUARDIAN) OF THE ABOVE NAMED STUDENT, HEREBY RELEASE LEGACY CHRISTIAN ACADEMY, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS LEGACY CHRISTIAN ACADEMY FROM ANY AND ALL DAMAGES, LIABILITY, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF WHATEVER NATURE OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT, AND FROM ANY AND ALL OTHER LEGAL ACTIONS ASSERTED BY OR BROUGHT AGAINST LEGACY CHRISTIAN ACADEMY BY ANY PERSON(S) WHICH ARISES OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

SPECIFIC RELEASE FOR TRANSPORTATION:

I ALSO RECOGNIZE THAT LEGACY CHRISTIAN ACADEMY REPRESENTATIVES, AGENTS, AND EMPLOYEES WILL FROM TIME TO TIME BE TRANSPORTING SAID STUDENT UPON PUBLIC AND PRIVATE THOROUGHFARES, AND I HEREBY RELEASE LEGACY CHRISTIAN ACADEMY, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

MEDICAL AUTHORIZATION:

BY SIGNING, I AUTHORIZE THE APPROPRIATE SCHOOL PERSONNEL AUTHORITY TO CALL EMERGENCY MEDICAL PERSONNEL AND SERVICES, TO TRANSPORT, OR OBTAIN MEDICAL CARE IF I OR THE ALTERNATE ADULTS CANNOT BE REACHED PROMPTLY UNDER THE CIRCUMSTANCES. I HEREBY GRANT PERMISSION FOR EMERGENCY MEDICAL CARE TO BE GIVEN BY THE ATTENDING PHYSICIAN AND/OR SCHOOL PERSONNEL. I ALSO GIVE PERMISSION FOR EMS TO BE CALLED AND FOR MY CHILD TO BE TRANSPORTED AS NECESSARY BY SCHOOL PERSONNEL. I ACKNOWLEDGE THAT LEGACY CHRISTIAN ACADEMY DOES NOT ASSUME ANY FINANCIAL RESPONSIBILITY BUT DOES WISH TO PROVIDE THE BEST EMERGENCY SERVICE. I WILL NOT HOLD LEGACY CHRISTIAN ACADEMY LEGALLY OR FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

SIGNATURE OF PARENT / GUARDIAN

DATE

Legacy Christian Academy Medication Policy

Whenever possible, it is preferred that medications not be used during school hours. If a condition necessitates use of prescription medication during school hours or if non-prescription medication is to be kept in the nurse's office to be used by the student as needed, please observe the following policy.

1. Students are not allowed to have medication in their possession on school grounds. Teachers have the right to confiscate medication, contact the parents, and report incident to school administration.
2. Narcotic pain medication may not be used during school hours and is not permitted on school grounds.
3. Medication will **ONLY** be administered with written permission from the parent and/or physician. For school administration of **prescription** medication, the following will be required:
 - i. **Legacy Christian Academy: Prescription Medication Permission Request** form filled out and signed by Parent or guardian and the physician
 - ii. **OR** a note from the physician indicating:
 - a. Name of Medication
 - b. Amount to be administered
 - c. Time to be administered
 - d. Duration (if known)
4. For School administration of **non-prescription** medication, the following will be required:
 - i. Over-the-Counter Medication Permission Request form
 - ii. **OR** Note from the parent indicating:
 - a. Name of Medication
 - b. Amount to be administered
 - c. Time to be administered
 - d. Duration (if known)
5. Medications must be brought to the school in the container in which it was dispensed by the pharmacist or the physician. Over-the-counter medication must be in a brand new, unopened container.
6. Anytime there is a change in a prescription, i.e. how it is to be taken or a change in dosage, a form stating the changes is required.
7. All medication is kept in a securely locked cabinet in the nurse's office.
8. Medications will only be given as instructed on the prescription label or on the non-prescription container.
9. At the end of the school year, parents must pick-up the unused portion of their student's medication. The medication must be picked up within five business days following the last school day. All medication not picked-up within five business days will be discarded.

**Legacy Christian Academy
Over-the Counter Medication
Permission Request
2010-2011**

Name of Student: _____

Grade: _____ Date of Birth: _____

To be completed by the Parent/ Guardian:

Name of Medication: _____

Time to be given at school: _____

Dosage to be given at school: _____

Length of time: _____

Are there any restrictions on the student related to this medication? Yes No

If yes, what and for how long? _____

I give my permission for my student, named above, to receive the above medication as directed.

Parent/Guardian

Date

**Legacy Christian Academy
Prescription Medication
Permission Request
2010-2011**

Name of Student: _____

Grade: _____ Date of Birth: _____

**To be completed by the Physician:
(For Prescription Medications only)**

Name of Medication: _____

Time to be given at school: _____

Dosage to be given at school: _____

Length of time: _____

Are there any restrictions on the student related to this medication? Yes No

If yes, what and for how long? _____

Printed Name of Physician

Physician Signature

Date

To be completed by the Parent or Guardian:

I give my permission for my student, named above, to receive the above medication as directed.

Printed Name of Parent

Parent Signature

Date

Legacy Christian Academy Motor Vehicle Registration

Traffic around all school areas is of vital concern. To promote safety and insure proper handling of automobiles and other motor vehicles, it is going to require the cooperation of students, parents and the school. We feel that it would be proper for each student who drives to school and his/her parents to subscribe to the following pledge:

I, _____ DO HEREBY PLEDGE AND AGREE
(Name of Student)

that I will handle the vehicle I drive in a safe and courteous manner around school. I furthermore pledge to park my vehicle promptly and properly upon arrival in the morning and that I will not sit in a car while parked on or near campus. I also agree that I will not make excessive noise by exhaust or wheels while in the parking lot or near campus. I will not be allowed to leave campus until school is dismissed or approved class schedule allows or written notice of departure has been approved by the principal or his designee. I must enter the parking lot from the east entrance and exit from the west side of campus. I declare that I have a valid unrestricted driver's license.

If at any time I fail to abide by this pledge, I will forfeit the right to drive a motor vehicle to school, and expect other penalties as deemed advised by the school.

If my parking tag is lost or misplaced, I must pay \$5.00 to replace it.

Signature of Student _____

Signature of Parent _____

Date _____

Name of Student _____ Driver's License # _____

Address _____

Make & Model of Vehicle #1 _____ License # _____

Make & Model of Vehicle #2 _____ License # _____

Parking Tag # _____ (office use only)

**Return this form with a copy of the student driver's license
and automobile insurance to school office**

PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)
<http://www.nida.nih.gov/Infofacts/steroids.html>

For boys and men - shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women - growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents - growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages - potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For injectors - infections resulting from the use of shared needles or non-sterile equipment, including HIV / AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature

Date

PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent / Guardian Signature

Date

Texas Association of Private and Parochial Schools

STUDENT ACKNOWLEDGMENT OF RULES

Attention School Authorities: This form must be signed by both the student and parent/guardian and be on file at your school before the student may participate in any District or State contest.

Student's Full Name: _____

Date of Birth: _____ **Grade Level for Current Year:** _____

Current School: _____
(City/School)

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in TAPPS approved contest, and travel with the director or other representative of the school on any trips.

Neither TAPPS nor the high school assumes any responsibility in case an accident occurs.

I have read and understand TAPPS rules on the reverse side of this form and agree that my son/daughter will abide by all of TAPPS' rules. **I understand that I may film or video tape any game in which my son/daughter participates, but the film/video tape may not be viewed by the athlete or coaches until the game is over. I understand that I cannot film or video tape any contest in which my son/daughter is not participating without permission of both teams involved.**

The undersigned agrees to be responsible for the safe return of all equipment owned by the school and issued to the above named student.

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless TAPPS, TAPPS staff, TAPPS Executive Board, the school, and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Date:	_____
Parent or Guardian Signature:	_____
Street Address:	_____
City / State / Zip:	_____
Home Telephone:	_____
Cell Phone:	_____
Business Telephone:	_____

**The student's signature is required on the reverse side of this form.
DO NOT SEND THIS FORM TO THE TAPPS OFFICE OR DISTRICT PRESIDENT UNLESS REQUESTED.
FOR FILE IN SCHOOL OFFICE ONLY.**

GENERAL INFORMATION

All students may attend baseball, basketball, football, soccer, softball and volleyball camps in June and July, on non-school days prior to the starting date for TAPPS activities at the beginning of the school year.

School Coaches, nor any School Personnel may not:

- **induce students for athletic purposes. Inducement includes but is not limited to the following:**
 - a. Offer or acceptance of the payment of tuition
 - b. Offer or acceptance of a reduction in tuition payments (outside of School Financial Aid Programs)
 - c. Offer or acceptance of board
 - d. Offer or acceptance of lodging
 - e. Offer or acceptance of transportation
 - f. Offer or acceptance of a job for a parent or guardian
 - g. Offer or acceptance of payment for athletic camp registration
 - h. Offer or acceptance of payment for summer conditioning programs, or conditioning camps
 - i. Offer or acceptance of cash payments
 - j. Offer or promise of University or college scholarships
 - k. Offer or acceptance of free or reduced cost private instruction
 - l. Offer or acceptance of any other valuable consideration
- transport, register, or instruct students in grades 9-12 from their school in baseball, basketball, football, soccer, softball, or volleyball, except during the TAPPS season, or approved athletic period from the starting date for TAPPS activities at the beginning of the school year until the end of the school year.
- give any instruction or schedule any practice for an individual or a team during the off-season except during the one in-school day athletic period in baseball, basketball, football, soccer, or volleyball.
- have 9-12 grade students playing for them on a non-school team from the starting date for TAPPS activities at the beginning of the school year until the last day of school for the member school in the Spring.
- Section 139 of the TAPPS By-Laws takes precedence over any and all of the above.

GENERAL ELIGIBILITY RULES

According to TAPPS standards, students are eligible to represent their school in interscholastic activities if they:

- are less than 19 years old on September 1 preceding the contest;
- have not graduated from high school;
- are full-time, day students in the school,
- a transfer student must be in compliance with section 104 of the TAPPS By-Laws
- **in order to be eligible for district play or the play-offs a student must** have been in attendance on or before:
 - **September 9, 2009** - volleyball, fall soccer, cross country and football;
 - **December 9, 2009** - winter soccer, basketball, swimming and wrestling; and
 - **February 17, 2010** - golf, tennis, track, baseball and softball.
- are in compliance with the academic eligibility rules of the TAPPS Constitution, By-Laws and Contest Rules;
- are enrolled in a four year, normal program of high school courses, and initially enrolled in the 9th grade not more than 4 years ago nor in the 10th grade not more than 3 years ago;
- if enrolled in an Accelerated Christian Education school, he/she must be proceeding toward graduation on a credit basis, and on a passing basis with a regularly checked procedure by the member school to ensure they are in good academic standing;
- have not represented a college in a contest;
- are not in violation of the Awards Rule;
- live with their parents or legal guardian, or full-time student at a boarding school, or have TAPPS approval of Residency/Guardianship Certification (Student not Living with Parent Section 80 of the TAPPS By-Laws)
- 9th-12th grade students shall not play for a coach from the TAPPS school he/she is attending on a non-school team from August 1st until the last day of school for the member school in the Spring.

I have read the regulations cited above and agree to follow the rules as stated in the TAPPS Constitution and By-Laws.

Date: _____

Student Signature: _____