

**NEW STUDENT APPLICATION
GRADES PK3-12
2012-2013**



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Teri Gorum, Business Manager**

8200 HIGHWAY 105 • BEAUMONT, TEXAS 77713 • 409.924.0500
www.LegacyChristianAcademy.org

**2012-2013
NEW STUDENT APPLICATION PROCEDURES
GRADES PK3 -12**

APPLICATION INSTRUCTION CHECKLIST

Student Name _____ **Entering Grade** _____

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. It has been created to assist you with potential questions and/or problems.

Interview and Visit:	A personal interview and school overview/tour with at least one parent or legal guardian and the potential new student, is required for 3rd -12th graders, before application. Please make an appointment with the Director of Admissions, Mrs. Rhonda Cregor. 409-924-0500 x2
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_____ **Application:** The application for PK3–12 must be completed, signed and returned to the school, along with the application fee of \$200.00. **(Fee is non-refundable.)**

The receipt of the application fee and completed application:

- Pre-Enrolls 3rd-12th graders for up to 4 weeks, to allow for testing and or financial aid application.
- PK3-2nd graders may apply and enroll at the same time, unless you are awaiting financial aid.

Student Records:

_____ Requested

_____ Received

Enclosed is a “Records Release Authorization” and “Student Evaluation” form. Please give this form to the principal/guidance counselor at the student’s present school with instructions to mail/fax the transcript, report card and evaluation back to Legacy. Include current courses, recent grades, immunization records, and any aptitude and/or achievement test scores.

**Admission Test:
Grades 3rd – 12th**

_____ Date Scheduled

3rd-12th are required to schedule a time with the Admissions Department to take the Admission Test. Please call Rhonda Cregor at 409-924-0500 X2.

3rd-5th graders will be tested in the elementary library by Mrs. Carol Davis.

6th-12th graders will test in the HS computer lab by Mrs. Rhonda Cregor.

Upon completion of the testing process, families will be notified of the results by the Director of Admissions, Mrs. Cregor.

**Enrollment/
Financial Contract:**

Parent/Guardian of the new student will meet with Mrs. Teri Gorum in the financial office to select a payment option, complete tuition contract and after-school care contract, if applicable. Those choosing the ten-month payment plan will enroll with FACTS at this time.

**Financial Aid:
(If applicable)**

_____ Applied

Legacy Christian Academy provides tuition assistance based on need and on a first come first serve basis. Families must apply through **FAST**. The school begins to review qualified applicants in March with the goal of allocating the majority of aid by the end of May. Financial aid assistance may continue throughout the summer and school year if funds are available. To apply, go to www.legacychristianacademy.org, click the Financial Aid tab under Admissions, locate the **FAST** icon and click start.

Please bring copies of birth certificate and social security card with completed packet.



Tuition Payment Plans for 2012-2013

Single Installment Payment Plan

Grade	Total Tuition due 8/1/12
PK3 – PK4	\$4,700.00
K5 – 5th	\$5,600.00
6th - 8th	\$7,000.00
9th - 12th	\$7,800.00

Two Installment Payment Plan

Grade	1st Payment due 8/1/12	2nd Payment due 12/1/12	Total Tuition
PK3 – PK4	\$2,400.00	\$2,400.00	\$4,800.00
K5 – 5th	\$2,850.00	\$2,850.00	\$5,700.00
6th - 8th	\$3,550.00	\$3,550.00	\$7,100.00
9th - 12th	\$3,950.00	\$3,950.00	\$7,900.00

Ten Month Payment Plan (Requires enrollment with FACTS)

Grade	Payments due 8/1/12 – 5/1/13	Number of Payments	Total Tuition
PK3 – PK4	\$495.00	10	\$4,950.00
K5 – 5th	\$585.00	10	\$5,850.00
6th - 8th	\$750.00	10	\$7,500.00
9th - 12th	\$830.00	10	\$8,300.00
After School PK3-5th	\$150.00	10	\$1,500.00

Fees Schedule

New Student Application Fee (PK3 – 12th) <i>(Due at the beginning of Application process and is non-refundable)</i>	\$200
Student (Re)Enrollment Fee (PK3 – PK4) <i>(Due at enrollment and is non-refundable) *After April 1, 2012 increases by \$100</i>	\$300 *
Student (Re)Enrollment Fee (K5 – 12th) <i>(Due at enrollment and is non-refundable) *After April 1, 2012 increases by \$100</i>	\$500 *
Athletic Fee <i>(Due at time of participation in first sport)</i>	\$250
Multiple Child Discount: 2nd Child <i>(Applied to tuition)</i>	(\$700)
Multiple Child Discount: 3rd Child and each thereafter <i>(Applied to tuition)</i>	(\$1,000)
After School Program (Re)Enrollment (PK3-5th) <i>(Due at enrollment and is non-refundable)</i>	\$150

2012-2013

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 _____ Student 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 _____ Preferred Name _____
(Dr./Mr./Rev.) (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 Other _____
 Guardian Stepfather Stepmother Other _____
May send mail to? Father Mother Guardian Other _____
Legal custody? Father Mother Guardian Other _____
Financial responsibility? Father Mother Guardian Other _____

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)*

- Current Student or Parent _____ Alumnus _____
 Minister _____ Guidance Counselor or Teacher _____ Realtor _____
 Billboards Brochures 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

Emergency Medical and Contact Information Sheet 2012-2013

Student's Full Name: _____

Current Grade _____ Birthdate _____ 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 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

Print Name

Date



Medication Policy 2012-2013

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. For school administration of **prescription** medication, the following will be required:
 - i. **Prescription Medication Permission Request Form** filled out and signed by parent or guardian and the physician.
4. For school administration of **non-prescription** medication, the following will be required:
 - i. **Over-the-Counter Medication Permission Request Form** filled out and signed by parent or guardian. Advil and Tylenol are provided by the school for occasional users, with signed form on file.
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. At the end of the school year, parents must pick-up the unused portion of their student's medication within five business days following the last school day. All medication not picked-up within five business days will be discarded.

Questions: Contact Nurse Christina Baylor- 924-0500/ Mrs. Baylor is located in the elementary office portable.

**Over-the Counter Medication
Permission Request
2012-2013**

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: _____

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

Signature Parent/Guardian

Print Name

Date

**Prescription Medication
Permission Request
2012-2013**

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: _____

Signature Physician Print Name 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.

Signature Parent / Guardian Print Name Date

Documenting History of Varicella (Chickenpox) Illness

Amendment to 97.67

"All histories of varicella illness must be supported by a written statement from a physician or the child's/student's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine", or by serologic confirmation of varicella immunity. School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child's/student's parent, or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required."

Varicella requirement takes effect August 1, 2000.

For further information:

Contact the Texas Department of Health at (800)-252-9152, or visit the Texas Department of Health Immunization Division's website:

www.tdh.state.tx.us/immunize/immpage1.htm

Instructions for documenting prior illness:

This form signed by a physician, school nurse or the child's/student's parent or guardian:

"This is to verify that _____ had varicella disease (Chickenpox) on or about _____ and does not need varicella vaccine."
(Name of Student)
(Date)

Signature Parent/Guardian

Print Name

Date

TRANSPORTATION FORM

_____ Name of Alternate Adult	_____ Hm phone #	_____ Cell phone#	_____ Wk phone#	_____ Relationship
_____ Name of Alternate Adult	_____ Hm phone #	_____ Cell phone#	_____ Wk phone#	_____ Relationship
_____ Name of Alternate Adult	_____ Hm phone #	_____ Cell phone#	_____ Wk phone#	_____ Relationship
_____ Name of Alternate Adult	_____ Hm phone #	_____ Cell phone#	_____ Wk phone#	_____ Relationship

I _____ give permission for the above listed to pick up my child,
(Print Parent/Guardian Name)

_____ in my absence.
(Print Child's Name)

Parent / Guardian Signature

Date

Grandparents Information 2012-2013

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 _____

E-mail _____

MATERNAL GRANDFATHER

Preferred Name _____
(Dr./Mr./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____

PATERNAL STEP-GRANDFATHER

Preferred Name _____
(Dr./Mr./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____

MATERNAL STEP-GRANDFATHER

Preferred Name _____
(Dr./Mr./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____

PATERNAL GRANDMOTHER

Preferred Name _____
(Dr./Mrs./Ms./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____

MATERNAL GRANDMOTHER

Preferred Name _____
(Dr./Mrs./Ms./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____

PATERNAL STEP-GRANDMOTHER

Preferred Name _____
(Dr./Mrs./Ms./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____

MATERNAL STEP-GRANDMOTHER

Preferred Name _____
(Dr./Mrs./Ms./Rev.)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Cell _____

E-mail _____