



♦ P.O. Box 1326 ♦ 5933 Valley Pike ♦ Stephens City ♦ Virginia ♦ 22655-9998 ♦
♦ School Office 540.252.0238 ♦ Fax 540.508.2985 ♦
♦ www.LegacyChristian-Academy.com ♦

2017-2018 School Year

Thank you for choosing LCA!

Please complete the attached paperwork to register your student at Legacy Christian Academy.

We offer a **5% discount** on tuition that is **PAID IN FULL**. Families paying by **SEMESTER** or using a **10** or **12 Month Payment Plan** are required to create a **FACTS Tuition Account**.

Please consider helping other families send their child to LCA by making a **monthly** or **one-time donation** to the **Guardian Angel Program (GAP)**. LCA is happy to add this to your FACTS Account.

Families applying for **Tuition Assistance** are requested to actively participate in our **PTA/FFOS** (Family & Friends of SAINTS) **fundraisers** and activities throughout the school year. **Tuition Assistance** must be evaluated each school year and volunteering plays a large part in the success of LCA.

- To apply, please visit: www.LegacyChristian-Academy.com **ADMISSIONS / FACTS / Start Application**
FACTS requires a copy of the applicant's **2016 Tax Return, W2s & four current pay stubs**.

"Word of mouth" is the best advertising! LCA offers a **\$500 Tuition Credit** for referrals that result in new enrollment at LCA.

We look forward to cultivating a relationship with your family. We are firmly committed to doing everything we can to help our students develop into well-rounded young adults that are successful in God's eyes.

Yours in Christ,

Marianne Poole

Director of Admissions & Marketing

Admissions@LegacyChristian-Academy.com

540.877.7336

LCA does not discriminate on the basis of race, color, age, national origin or disability, in any of its activities and operations. These activities include, but are not limited to: hiring and firing of staff, selection of volunteers, selections of students and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers and clients.



Admissions Office Use: Date Received _____

Student Information:

1.) Student's Full Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Place of Birth: _____ Citizenship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Cell Service Provider: _____ * Applying for Grade / Classes: _____

2.) Student's Full Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Place of Birth: _____ Citizenship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Cell Service Provider: _____ * Applying for Grade / Classes: _____

3.) Student's Full Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Place of Birth: _____ Citizenship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Cell Service Provider: _____ * Applying for Grade / Classes: _____

Expectations:

In desire to see Christian values instilled in our students, LCA expects the following from its students and parents/guardians alike.

Student Expectations:

1. I commit to strive for excellence in all that I do body, mind, and soul.
2. I commit to cooperate obediently and respectfully with all those in authority over me.
3. I commit to submit obediently and respectfully to administrative policies of LCA, including conduct and dress code.
4. I commit to strive for virtuous living in all I do, in thought, word, and deed, both on and off campus.

Student's Name: _____

Student's Signature: X _____

Date: _____

Parent/Guardian Expectations:

1. I/we commit to support LCA with my/our time and talents.
2. I/we commit to comply with all administrative policies of the school including academic standards, discipline, dress code and conflict resolution.
3. I/we commit to respect the professional judgment of LCA regarding my child's grades/placement level.
4. I/we commit to remain in regular and open communication with my student's teacher(s) and LCA.
5. I/we commit to bear financial responsibility for any and all damages of LCA property caused by my student.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: X _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: X _____

Date: _____

Parent/Guardian Information:

Father Stepfather Guardian

Title: Dr. Rev. Mr.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Please send me TEXT Messages: Yes No

Email: _____

Occupation: _____

Employer: _____

Title / Position: _____

Work Phone: _____

Married Separated Divorced Single Widowed

Mother Stepmother Guardian

Title: Dr. Mrs. Ms.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Service Provider: _____

Please send me TEXT Messages: Yes No

Email: _____

Occupation: _____

Employer: _____

Title / Position: _____

Work Phone: _____

Married Separated Divorced Single Widowed

If parents are separated or divorced, please list the name, address and phone numbers of the other party and if LCA may provide them with student information and school correspondence.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Cell Service Provider: _____

PLEASE NOTE: #1 Emergency Contact will be the first call LCA makes for illness or emergency.

#1 Emergency Contact:

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship to Student(s): _____

#2 Emergency Contact:

Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Relationship to Student(s): _____

Names of **persons authorized** to pick up your child:

Names of **persons NOT authorized** to pick up your child:

Please specify custody arrangements and attach any related court documents for the student's file. Appropriate legal documentation needs to be on file when the custodial parent requests that the school not release the student or information to the other parent.

Siblings:

1. Name: _____ Age: _____

School Attending: _____ Grade: _____

2. Name: _____ Age: _____

School Attending: _____ Grade: _____

3. Name: _____ Age: _____

School Attending: _____ Grade: _____

Church Affiliation:

LCA would like to invite your church to activities and events the school hosts.

Church Name: _____

Pastor / Rev. / Minister's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Grandparents:

Let us know your student’s grandparent information so that we can keep them informed and invite them to LCA activities and events. **Please provide LCA with their cell phone provider if they would also like to receive text messaging alerts.**

Maternal:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Cell Service Provider: _____
Email: _____

Maternal:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Cell Service Provider: _____
Email: _____

Paternal:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Cell Service Provider: _____
Email: _____

Paternal:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Cell Service Provider: _____
Email: _____

Volunteer Form 2017-2018

WE NEED YOUR HELP!

Please let us know the areas that you would be interested in sharing your time/talents with LCA.

As a Parent/Guardian at LCA, I would like to help in the following areas:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Athletics / Boosters | <input type="checkbox"/> Family Events | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> One-Time Projects |
| <input type="checkbox"/> Admissions Gate | <input type="checkbox"/> School Office | <input type="checkbox"/> Outdoor Projects | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> FFOS (PTO) | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> In Classroom | <input type="checkbox"/> Library | <input type="checkbox"/> Grounds | <input type="checkbox"/> Apple Blossom Festival |
| <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Other _____ | | |

Parent/Guardian's Name: _____

Contact #: _____ Email: _____

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Athletics / Boosters | <input type="checkbox"/> Family Events | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> One-Time Projects |
| <input type="checkbox"/> Admissions Gate | <input type="checkbox"/> School Office | <input type="checkbox"/> Outdoor Projects | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> FFOS (PTO) | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> In Classroom | <input type="checkbox"/> Library | <input type="checkbox"/> Grounds | <input type="checkbox"/> Apple Blossom Festival |
| <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Other _____ | | |

Parent/Guardian's Name: _____

Contact #: _____ Email: _____

***Please note that if you are applying for Tuition Assistance, LCA requests that your family volunteers to help off-set some of the school's expenses.**

LCA - Fees & Tuition Worksheet

2017-2018

Family Name: _____ Date: _____

Enrollment Fees:
Application Fee: \$100 (One-time Fee per Family)
Registration Fee: \$50 (Annual Fee per Student)

Application Fee: \$ _____

Registration Fee: \$ _____

Tuition Rates:	Discount	K3 & K4	Kindergarten	Grades 1 st – 5 th	Grades 6 th – 12 th
1 st Student		\$5000	\$5000	\$5500	\$6000
2 nd Student	5%	\$4750	\$4750	\$5225	\$5700
3 rd Student +	10%	\$4500	\$4500	\$5000	\$5400

Tuition: \$ _____

Curriculum Fee:	K3 & K4	Kindergarten	Grades 1 st – 5 th	Grades 6 th – 12 th
Per Student	\$225	\$225	\$250	\$300

Curriculum Fee: \$ _____

Transportation Fee:	1 Student	2 Students	3 Students +
Front Royal/Strasburg	\$600/yr.	\$800/yr.	\$1000/yr.

Transportation Fee: \$ _____

Enrollment Fees \$ _____

Curriculum Fee \$ _____

Tuition \$ _____

(Financial Aid) (\$ - _____)

Transportation Fee \$ _____

GAP Donation \$ _____

GRAND TOTAL \$ _____

FACTS Tuition Management Plans: (Check "✓" Option)

Plan A Pay in Full (Directly to LCA – 5% Discount JULY)

Plan B Pay by Semester (Directly to LCA – AUG & JAN)

Plan C 10 Monthly Payments (FACTS Tuition \$45 Fee)

Plan D 12 Monthly Payments (FACTS Tuition \$45 Fee)

Guardian Angel Program (Sponsor a Student)

One-Time Donation \$ _____ /Monthly \$ _____

Admissions Office Use	\$ Amount	Date	Received By	Description
Registration Fee				
Curriculum Fee				
Transportation Fee				
Guardian Angel Donation				
Tuition				

Legacy Christian Academy - Enrollment Contract 2017-2018

Family Name: _____

1st Student's Full Name: _____ Grade: _____

2nd Student's Full Name: _____ Grade: _____

3rd Student's Full Name: _____ Grade: _____

4th Student's Full Name: _____ Grade: _____

I. Tuition

Tuition that is PAID IN FULL may be paid directly to LCA. SEMESTER & MONTHLY Payment Plans must be paid using a FACTS Tuition Management Plan. Options are listed below.

II. Miscellaneous Invoices / Expenses:

Miscellaneous invoices / expenses may be applied to a family's FACTS Tuition Account when applicable.

III. Payment Options:

- PLAN A — Payment in Full \$ _____ / Annual (Pay Directly to LCA – 5% Discount JULY)
- PLAN B — Payment by Semester \$ _____ / Semester (FACTS TUITION - \$10 Annual Fee)
- PLAN C — 10 Monthly Payments \$ _____ / Monthly (FACTS TUITION - \$45 Annual Fee)
- PLAN D — 12 Monthly Payments \$ _____ / Monthly (FACTS TUITION - \$45 Annual Fee)
- Guardian Angel Program - GAP \$ _____ / Monthly Donation or \$ _____ / One-Time Donation
(Sponsor a Student)

Contract Terms & Conditions:

1. I/we agree in the event that LCA must pursue any collection efforts, including institution of a lawsuit, for any unpaid amount due to LCA, including but not limited to tuition, fees, late charges, miscellaneous expenses, etc., I/we agree to pay all costs associated with this agreement including, but not limited to attorney's fees and cost incurred by LCA. I/we understand that the account will be turned over to a collection agency if payment is not made within 30 days of the scheduled payment. If payment is still not received within 6 months, the account may be forwarded to an attorney for collection.
2. If FACTS attempts to process a payment, and the account has Non-Sufficient Funds (NSF) a Late Charge of \$30 will be added to said, account. FACTS will collect the Late Charge 5 days after the failed attempt and in 10 days FACTS will reattempt to collect your tuition payment. Incidental charges/expenses incurred at LCA may be paid directly to LCA or individual may request that the amount be added to their FACTS account.
3. Any checks written to LCA that are returned for Non-Sufficient Funds (NSF) will receive an Administrative Charge of \$50. If an individual/family has two checks returned for Non-Sufficient Funds (NSF) the individual/family will be required to pay all future fees due to LCA in the form of cash or certified funds.

4. Tuition is payable in accordance with the dates agreed upon as part of this contract. **LCA** reserves the right to deny admission if payments due are not made by scheduled due dates. School records and final report cards will not be released until all outstanding balances have been rectified. This refers to quarterly and end of year report cards.
5. I/we understand that if our student(s) withdraws voluntarily or through expulsion, we are responsible to pay a \$500 withdrawal fee per student. Tuition will be prorated using the official date of the withdrawal. Application, Registration, and Curriculum Fees are Non-Refundable.
6. If student is diagnosed with a learning disability that cannot be managed in a regular classroom or setting, by the advice of a physician or a licensed clinical psychiatrist, parent/guardian will be given the option of canceling the contract, or fully providing all necessary funds to educate the child (i.e. tutor, classroom aide, materials, etc.). This amount will be determined on an individual need & presented by school administration to the contract holder.
7. It is understood that this contract may be cancelled in writing, without penalty within 72 hours of the date of this agreement.
8. I/we understand that **LCA** is a private institution; **LCA** reserves the right to set and maintain its own standards for student conduct, dress code and tuition assistance. These standards include conduct while on school and off school premises. Students may be disciplined, including but not limited to suspension and expulsion, for a violation of student standards, rules and regulations as set forth in the **Student-Parent Manual**.
9. I/we consent on behalf of our student(s) for the use of photographs, audio, video, electronic, digital images or likeness of student(s) at **LCA** for exhibition, public display, publication, publicity materials, advertising, news media stories, including but not limited to yearbooks, newspapers, promotional brochures, literature, the internet, school website, and television, CD-ROMs or DVD.
10. Computers, communication service and equipment provided by **LCA** are the sole property of **LCA**. Accordingly, **LCA** may access and monitor student communications and files transmitted by or stored upon **LCA's** equipment or network. Student should not consider any activity to be private. **LCA** reserves the right to monitor the use and take any action based upon a violation of Computer & Internet Acceptable Use Policy as set for in the **Student-Parent Manual**.
11. I/we agree to provide health and accident insurance for the student(s) and I/we agree to indemnify **LCA** and its personnel against liability for student accident or health to the extent not covered by school insurance.
12. All students and parents/guardians must conform to all requirements and standards as set forth in the **Student-Parent Manual**. I/we understand that the student's and/or parent's/guardian's disregard of the rules and regulations may be deemed sufficient cause for dismissal. The Board of Directors reserves the right to dismiss, to require a mandatory leave-of-absence, and/or to rescind the admissions invitation or **Enrollment Contract** of any student and or parent/guardian who fails to fulfill these obligations or whose presence at **LCA** is, in the School Board's judgment, contrary to the best interests of the school.

Person(s) Responsible for Tuition and all Incidental Expenses incurred at LCA:

Print Name of Parent/Guardian *Signature* *Date*

Print Name of Parent/Guardian *Signature* *Date*

Marianne L. Poole
Director of Admissions *Signature* *Date*

**Legacy Christian Academy
Emergency Medical Release
2017 - 2018**

Student Information:

Student's Full Name: _____

Date of Birth: ____/____/____ Age: ____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent/Guardian Information:

Father Stepfather Guardian Mother Stepmother Guardian

Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Medical conditions and/or allergies (including reactions to medications): _____

Current Medications: _____

* Any life-threatening medications should be kept at the school office. We recommend a 72 hour supply.

Any other medical or physical conditions LCA Staff should know: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Date of Last Tetanus Shot: _____

Indicate if LCA Staff may administer these over the counter medicines: Tylenol Ibuprofen None

X _____
Father's/Guardian's Signature

X _____
Mother's/Guardian's Signature

**Legacy Christian Academy
Emergency Medical Release Form
2017 - 2018 School Year**

This form will be on file in the school office for the current school year.

I/we agree that in the case of an accident, illness, or other life-threatening emergency to the student listed below, I/we give permission for Legacy Christian Academy's Staff to contact Emergency Medical Services (911) immediately.

I/we authorize and consent to any examination, x-rays, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary in the best judgment of a licensed physician or dentist.

I/we agree to assume all financial responsibility for expenses incurred as a result of any of these services being provided, including emergency medical transportation.

Student's Full Name: _____
(Please Print)

Date of Birth: _____
(MM/DD/YYYY)

Father's/Guardian's Full Name: _____
(Please Print)

Father's/Guardian's Signature: **X** _____

Date: _____

Mother's/Guardian's Full Name: _____
(Please Print)

Mother's/Guardian's Signature: **X** _____

Date: _____

- School Office must have a copy of your student's **Birth Certificate & Immunization Records** on file. **Religious Exemption** forms are available at www.LegacyChristian-Academy.com
Click on: ADMISSIONS / FULL TIME STUDENTS / MEDICAL FORMS

Please notify the school office of any changes throughout the school year.

LCA NETWORK & INTERNET PERMISSION SLIP Grades 6th – 12th 2016 – 2017

LCA encourages the safe and sensible use of the internet.

- Students in 6th through 12th Grades along with their parents/guardians must read, discuss, sign, and return this Network and Internet Permission Slip to the Admissions Office.
- There is no expectation or right to privacy or right to freedom of speech when using the school's computer resources, which are the school's property. Any use of the school's computers and internet access must be in support of education and research and be consistent with the educational objectives of LCA.
- Using school facilities for internet access is a privilege, not a right. Inappropriate use which includes, but not limited to unauthorized transmittal or improper use of copyrighted materials or materials protected as trade secrets; transmission of threatening or obscene materials; vandalism of computer files; and violation of computer security as determined by the school administration can result in the cancellation, denial, suspension and/or revocation of those privileges and also subject the user to other disciplinary actions.
- Electronic and/or digital communications with students should be conducted for educationally appropriate purposes and employ only school sanctioned means of communication.
- Users must adhere to school policy that may further define uses of mobile devices. Access will be determined by the administration of the school. If a particular mobile device is to be used for educational purposes, the school administration and/or teacher will provide parameters for this use.

Additional responsibilities for use of school facilities for internet are:

1. When using networks or computing resources of other organizations, students must observe the rules of that organization regarding such use.
2. Users should not reveal their personal addresses or phone number(s), and shall not reveal personal information of others without authorization.
3. Users are reminded that email is not be accessed at school by students without permission from a school administrator and/or teacher..
4. Students shall immediately notify the system administrator/school administration if they suspect that a security problem with the system and/or internet exist.
5. Any attempt to log onto the internet or the school's network/system as a systems administrator will result in a loss of user privileges at the school. Any user identified as a security risk by school administration or system administrator due to a history of actual or suspected unauthorized access to other computer(s), network(s), or system(s) may be denied access to school computers, networks and/or systems.
6. LCA makes no warranty of any kind, whether expressed or implied, for internet service. This includes the loss of data resulting from delays or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via the internet is at the user's risk. The school specifically denies any responsibility for the accuracy or quality of information obtained through its services.

7. Examples of Unacceptable Uses – Users are not permitted to:
- a. Use of technology in cyber bullying: to harass, threaten, deceive, intimidate, offend, embarrass, or annoy any individual.
 - b. Post, publish, or display any defamatory, inaccurate, violent, abusive, profane, or sexually oriented material. Users must not knowingly or recklessly post false information about persons, students, staff, or any other organization.
 - c. Create any site or post any photograph, image, video, or likeness of any student or employee without the expressed permission of the individual, individual’s parent/guardian, and the school administrator.
 - d. Attempt to circumvent system security.
 - e. Violate license agreements, copy disks, CD-ROMs or other protected media.
8. Users must immediately report damage or change to the school’s hardware and/or software.
9. The school has the right to monitor student use of school computer, computer accessed content, and social media. Social media refers to activities that integrate technology, telecommunications, and social interaction through the use of words, images, video, or audio tools. Examples include, but are not limited to, social websites, blogs, message boards, wikis, podcasts, image – video-sharing sites, live webcasting, and real-time communities. Because this is a constantly evolving area, this policy applies to all new social media platforms whether or not they are specifically mentioned in this policy.
10. Violation of the above policy will be dealt with by school administration. Violation of this policy may result in any or all of the following:
- a. Loss of use of the school network, computers, and software including internet access.
 - b. Disciplinary action including, but not limited to, dismissal and/or legal action by the school, civil authorities, or other involved parties.
- The school retains the right to discipline students for their actions, regardless of when or where they occur, when those actions negatively impact the school’s image, reputation, and/or the safety and well-being of the school community. This covers inappropriate behavior in cyberspace.

We have read, discussed, understand, and agree what is acceptable use of this network and internet.

• **Student’s Full Name:** _____ **Grade:** _____
(Please Print)

Student’s Signature: **X** _____ **Date:** _____

• **Father’s/Guardian’s Full Name:** _____
(Please Print)

Father’s/Guardian’s Signature: **X** _____ **Date:** _____

• **Mother’s/Guardian’s Full Name:** _____
(Please Print)

Mother’s/Guardian’s Signature: **X** _____ **Date:** _____