



♦ 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](http://www.LegacyChristian-Academy.com) ♦

## 2018-2019 School Year

Thank you for your interest in Legacy Christian Academy. Once your student is accepted into LCA, please complete and return the attached paperwork along with Enrollment Fees and the first month's tuition.

We offer a **5% discount** on tuition that is **PAID IN FULL**. ALL Families are required to create a payment account with LCA.

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 Payment Account.

Families applying for **Tuition Assistance** are encouraged to actively participate in our **PTA/FFOS (Friends & Family of SAINTS)** activities throughout the school year. **Tuition Assistance** must be evaluated each school year, and volunteering plays a large part in the success of this program and LCA's growth. Assistance must be agreed upon prior to submitting Enrollment Paperwork for Admissions.

- To apply for **Tuition Assistance**, please visit: [www.LegacyChristian-Academy.com](http://www.LegacyChristian-Academy.com)  
**ADMISSIONS / FACTS / Start Application**

**FACTS** require a copy of the applicant's **2017 Tax Return, W2s & four current 2018 pay stubs**.  
**The Admissions Office will not enroll a student until after Tuition Assistance has been determined.**

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

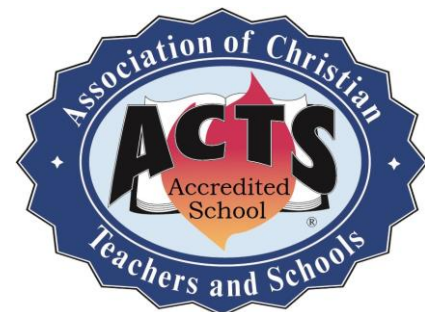
Yours in Christ,

**Marianne Poole**

Director of Admissions & Marketing

[Admissions@LegacyChristian-Academy.com](mailto:Admissions@LegacyChristian-Academy.com)

540.877.7336



*LCA does not discriminate based on 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* \_\_\_\_\_

**Family Information:**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

**1st Student's Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ \*Applying for Grade: \_\_\_\_\_ Gender: Male  Female

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

**2nd Student's Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ \*Applying for Grade: \_\_\_\_\_ Gender: Male  Female

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

**3rd Student's Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ \*Applying for Grade: \_\_\_\_\_ Gender: Male  Female

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

**4th Student's Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ \*Applying for Grade: \_\_\_\_\_ Gender: Male  Female

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

**1st – 12th Grade Expectations  
2018 - 2019**

**Expectations:**

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

LCA request that all Parents/Guardians and Students review the **Student-Parent Manual**.

Please visit: [www.LegacyChristian-Academy.com](http://www.LegacyChristian-Academy.com)

**ADMISSIONS / FULL TIME STUDENTS / STUDENT-PARENT MANUAL**

**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/our student's grades/placement level.
4. I/we commit to remain in regular and open communication with my/our student's teacher(s) and LCA.
5. I/we commit to bear financial responsibility for all damages of LCA property caused by my/our student(s).

**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: \_\_\_\_\_

Mother  Stepmother  Guardian

Title: Dr. Mrs. Ms.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Cell Service Provider:** \_\_\_\_\_

**Cell Service Provider:** \_\_\_\_\_

**Please send me TEXT Messages:**  Yes  No

**Please send me TEXT Messages:**  Yes  No

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Married  Separated  Divorced  Single  Widowed

Married  Separated  Divorced  Single  Widowed

**Church Affiliation:**

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

Church Name: \_\_\_\_\_

Pastor / Rev. / Minister's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Families are not required to have a home church for student(s) to attend LCA.*

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

**#1 Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**#2 Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**#3 Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Names of **persons authorized** to pick up your student(s):

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

Names of **persons NOT authorized** to pick up your student(s):

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

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

**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 2018-2019

## 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 request that you volunteer to help off-set some of the school's expenses.**







# Legacy Christian Academy - Enrollment Contract 2018-2019

Family Name: \_\_\_\_\_

1st Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3rd Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4th Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## I. Tuition

Tuition must be paid using a **FACTS Tuition Management Plan**. (See Options Below)

## II. Miscellaneous Invoices / Expenses:

Miscellaneous invoices / expenses may be applied to your **FACTS Tuition Account** when applicable.

## III. Payment Options:

- PLAN A — Payment in Full**      \$ \_\_\_\_\_ / Annual      (5% Discount PAY in FULL)
- PLAN B — Payment by Semester**      \$ \_\_\_\_\_ / Semester      (\$10 Annual Fee – August & January)
- PLAN C — 10 Monthly Payments**      \$ \_\_\_\_\_ / Monthly      (\$45 Annual Fee – September - June)
- PLAN D — 12 Monthly Payments**      \$ \_\_\_\_\_ / Monthly      (\$45 Annual Fee – September - August)
- Guardian Angel Program - GAP**      \$ \_\_\_\_\_ / Monthly Donation or \$ \_\_\_\_\_ / One-Time Donation  
(Sponsor a Student)

## Contract Terms & Conditions:

(Initials)

1. I/we agree if **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 **LCA's** finance department 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 **LCA** attempts to process a tuition payment, and the account has Non-Sufficient Funds (NSF) a Late Charge of **\$30** will be added to said account. **LCA** will collect this Late Charge when 2nd payment attempt is made. Incidental charges/expenses incurred at **LCA** may be paid directly to **LCA** or added to families' account when applicable.
3. Any checks written to **LCA** that are returned for Non-Sufficient Funds (NSF) will receive an Administrative Charge of **\$30**. If an individual/family has two checks returned for Non-Sufficient Funds (NSF) the individual/family will be required to pay all future expenses due to **LCA** in the form of cash or certified funds.

**(Initials)**

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 letter. 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  
2018 - 2019**

**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** \_\_\_\_\_  
**Parent's/Guardian's Signature**

**X** \_\_\_\_\_  
**Parent's/Guardian's Signature**

**Legacy Christian Academy  
Emergency Medical Release Form  
2018 - 2019 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 because of any of these services being provided, including emergency medical transportation.

Student's Full Name: \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Parent's/Guardian's Full Name: \_\_\_\_\_  
(Please Print)

Parent's/Guardian's Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_  
(Please Print)

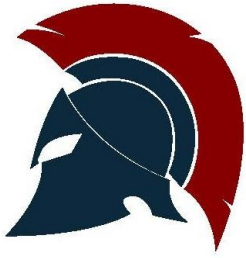
Parent's/Guardian's Signature: X \_\_\_\_\_

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](http://www.LegacyChristian-Academy.com)  
**Click on: ADMISSIONS / FULL TIME STUDENTS / MEDICAL FORMS**

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





# LEGACY

CHRISTIAN ACADEMY

## Student Permission Slip Field Trip / Transportation 2018 - 2019

I give permission for the following student(s) to participate in school sponsored field trips and activities that occur during the school day. I understand that I will be notified by the school or teacher to the date on which any field trips or activity will be taken. This includes but is not limited to monthly Chapel services.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's / Guardian's Full Name: \_\_\_\_\_  
*(Please Print)*

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Parent's / Guardian's Full Name: \_\_\_\_\_  
*(Please Print)*

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_



**2018 – 2019**  
**LCA NETWORK & INTERNET**  
**PERMISSION SLIP Grades 7th – 12th**

**LCA encourages the safe and sensible use of the internet.**

- Students in 7th 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:** \_\_\_\_\_

• **Parent’s/Guardian’s Full Name:** \_\_\_\_\_  
*(Please Print)*

**Parent’s/Guardian’s Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Parent’s/Guardian’s Full Name:** \_\_\_\_\_  
*(Please Print)*

**Parent’s/Guardian’s Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_



♦ P.O. Box 1326 ♦ 5933 Valley Pike ♦ Stephens City ♦ Virginia ♦ 22655-9998  
♦ Admissions@LegacyChristian-Academy.com ♦ 540.877.7336 ♦ Fax 540.508.2985 ♦  
Robert C. Quinn, School Superintendent

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Student's Current School)

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The above-mentioned student has enrolled at **Legacy Christian Academy**.  
Please forward all categories I & II data to: **P. O. BOX 1326, 5933 Valley Pike, Stephens City, VA 22655**

**Category I Data Requested:**

- ✓ **Previous Scholastic Record / Transcript**
- ✓ **Attendance Information**
- ✓ **Discipline Record**
- ✓ **Test Scores** (e.g. Achievement Test Scores, Competency Test Scores, etc.)
- ✓ **Health Record** (Certificate of Physical Exam & Immunization Record with Complete Dates)
- ✓ **Grades to Date**

**Category II Data Requested:**

- ✓ **Educational Report**
- ✓ **Certificate of Medical Exam / Health Records** (Neurological, Audiograms, etc.)
- ✓ **Speech & Language Report**
- ✓ **Vision Screening Report**
- ✓ **Psychological Report**
- ✓ **Sociocultural Report**
- ✓ **Individual Education Program (IEP)**
- ✓ **Screening & Eligibility Committee Reports**
- ✓ **Court Documents**

I hereby give my consent to release the above records.

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_