



◆ P.O. Box 1326 ◆ 5933 Valley Pike ◆ Stephens City ◆ Virginia ◆ 22655-9998 ◆  
◆ School Office 540.252.0238 ◆ Fax 540.508.2985 ◆  
◆ Admissions Office 540.877.7336 ◆

## 2018-2019 School Year

Thank you for your interest in Legacy Christian Academy.

LCA was established by community members focusing on the vision of a Christian school that would be different from any other school in the area. Not only would this school provide high quality and Christ-centered education, but it would strive to unite and mobilize the body of Christ to better serve our community.

We invite you to tour our campus and submit an application for admission.

Prospective students (7th – 12th) are required to submit a **Student Application** prior to scheduling an interview. (*Application Attached*)

Applications will be reviewed in the order they are received. LCA will contact the Applicant's Parent(s)/Guardian(s) to schedule an interview with the Director of Admissions and a School Administrator.

Please bring the following information to the interview:

- **Current Report Card**
- **Most Recent Standardized Test Scores**
- **Discipline & Attendance Records**

The Applicant's current school will provide you with a copy of "unofficial" records upon request.

We look forward to getting you better acquainted with LCA.

### **Marianne Poole**

Legacy Christian Academy

Director of Admissions & Marketing

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

540.877.7336



Admissions Office Use: Date Received \_\_\_\_\_

**Student Information:**

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: \_\_\_\_\_

\* Applying for Grade / Classes: \_\_\_\_\_

**LCA 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Grades 7 – 12)*

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

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

**Additional Information:**

1. How did you hear about Legacy Christian Academy / LCA?

2. Why do you desire admission to attend LCA?

3. What are your expectations of LCA?

4. Where does this applicant currently attend school?

5. List any additional programs/schools/activities that this applicant participates.

6. Has this applicant ever been withdrawn, suspended, expelled or dismissed from another school for any reason?  
(If yes, please explain.)

7. Does this applicant have a disciplinary record? (If yes, please explain.)

8. Has this applicant ever been in trouble outside of school? (If yes, please explain.)

9. Has this applicant ever been in accelerated/honor classes or skipped/repeated a grade?  
(If yes, please explain.)

10. Does this applicant have any physical or emotional conditions which might require special consideration?  
(If yes, please list any conditions and include documentation.)

11. Has this applicant ever been psychologically tested, seeing a psychologist in the past or present, or has an IEP?  
(If yes, please explain.)

12. Does this applicant use or ever tried any type of non-prescription drugs, alcohol or tobacco, even experimentally?  
(If yes, please explain.)