**Logo, company name

Description automatically generated**

RE-ENROLLMENT FOR LEGACY CHRISTIAN ACADEMY

2024-2025 School Year

**Your child’s re-enrollment will NOT be finalized until the items listed below have been completed in entirety and fees have been paid. Fees are due when submitting Intent to Enroll.**

**Remember to complete the process for each student you want to re-enroll.**

* Intent to Enroll
* Fee Payment
* Financial Agreement
* Emergency Contact Form
* Medical Agreement
* Cooperation Agreement
* Photo/Video/Audio Permission
* Technology/Social Media Agreement
* Behavioral Contract
* Student Handbook
* Special Dietary Medical Info (If applicable)
* Attachments: These are documents that can be downloaded and printed or read in your browser.
* Please read the documents. The Technology Manual and Parent-Student Handbook should be read by parents and students and the last page should be printed, signed, and turned into the main office.

**In the final step, parents will receive an official acceptance letter within 10 business days.**

**Logo, company name

Description automatically generated**

**Intent to Enroll 2024-2025**

**Parent or Guardian Information**

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stepfather\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stepmother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian/Other Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

first middle last

|  |  |  |
| --- | --- | --- |
| Grade to enter for 2024-2025 | Gender | Birthdate |

|  |
| --- |
| **NON-DISCRIMINATION STATEMENT** |
| Legacy Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. It does not discriminate on the basis of race, color, nationality, and ethnic origin in administration of its education, admissions, scholarships, athletics, and other school-administered programs. |

|  |
| --- |
| ACADEMIC INFORMATION |
| Previous School Attended: |
| Address/City/State/Zip Code |
| Has this child ever repeated a grade? Yes No If so, When? |
| Has this child ever been suspended? Yes No If so, When? |
| Has this child ever been expelled? Yes No If so, When? |
| Has this child had any academic challenges? Yes No Explanation: |
| Has this child had any disciplinary challenges? Yes No Explanation: |
| Has the child been treated for a nervous, mental or emotional disorder? Yes No  Explanation: |

**Church Affiliation**

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

Pastor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ChurchAddress/City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| LCA is a private Christian ministry, it is vital for fees and tuition to be paid when due. As a convenience to our school families, a monthly tuition plan is available. All accounts will be handled by our Executive Director and financial management system.  Administration will correspond electronically with families about account balances and due dates. Late fees and penalties will apply to past due accounts. By signing below, you agree to pay tuition amount for your family as provided in the financial information.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Security #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Security # |

**Logo, company name

Description automatically generated**

**Financial Agreement 2024-2025**

Parent/Guardian Name(s):

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

Last First Middle

Home Address:

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

Address City State Zip

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children attending Legacy Christian Academy

|  |  |
| --- | --- |
| Name | Grade |
| 1. |  |
| 2. |  |
| 3. |  |

**Registration:**

$150 - Due at time of application

**Tuition Payment Schedule:**

* a 12-month period beginning on July 1 and ending on June 1; Tuition: $433.31/mo Grades K-5 ($5,200 for entire school year)
* an 11-month period beginning on August 1 and ending on June 1; Tuition: $472.73/mo Grades K-5 ($5,200 for entire school year)
* a 10-month period beginning on September 1 and ending on June 1; Tuition: $520.00/mo Grades K-5 ($5,200 for entire school year)

**Tuition Discounts Available:**

• Tuition Discounts - Only apply to families not receiving financial aid from LCA.

• Families with multiple children enrolled - 2nd and each additional child enrolled receive a discount.

**Financial Aid:**

LCA is registered as a WV Hope Scholarship provider. We strongly encourage families to seek enrollment through this state funded program. Qualifications do need to be met to be eligible.

LCA is able to offer a limited amount of financial assistance to qualifying families as funds are available. A separate Student Aid Application must be completed and returned to the school, prior to the beginning of the school year, or upon enrollment to be reviewed by the LCA Board.

Receipt of financial aid one year does not guarantee that aid will be granted the next school year. A new application must be submitted before each school year. Families are also encouraged to pursue other assistance opportunities on their own. Financial assistance may also be available from your local church.

**Overdue Accounts:**

Accounts that are more than 45 days past due will be reviewed by the school board. Efforts will be made to work with families having difficulty meeting their financial responsibilities. Alternative payment schedules may be made available, but open communication by the parents is vital to any process. Likewise, it is important that parents follow through on any new agreements.

**Tuition Payment Process:**

All accounts will be handled through a financial management system. This system allows families the option of having payments directly withdrawn from their bank account or paying with a credit card (standard fees apply). Families will still have the option to pay bills at the school by check or cash. If a parent chooses this option, payments must be received by the office at least 5 days prior to due date. Each family is responsible for setting up an account with the schools financial management program. This program will correspond with families electronically about account balances and due dates.

Late fees and penalties will apply to past due accounts in the amount of $25 plus 1.5% of the past due amount.

At any time, the board may terminate the student(s) enrollment. I agree to meet my financial responsibility and understand that the registration fee and first month’s tuition are due on the dates as stated above. I also understand that if I cannot fulfill this agreement during the year, I will contact the Executive Director, Christy Morgan @ 304. 699.0482 or admin@buildthelegacy.org.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legacy Christian Academy**

**Financial Information 2024-2025**

Enrollment/Financial Fees

The following fees are due upon enrollment and are non-refundable and non-transferable.

|  |  |
| --- | --- |
| Registration Fee | $150 per child |

Curriculum Fees

This fee includes consumable and non-consumable textbooks. Fees are due at enrollment.

|  |  |
| --- | --- |
| Curriculum Fee | $250 per child |

Tuition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 12 Month Plan | 11 Month Plan | 10 Month Plan | Yearly |
| 1 Child | $433.31 | $472.73 | $520.00 | $5,200 |
| 2 or More | See Admin | See Admin | See Admin | Discounted |

**\*\*All scholarship dollars are applied to tuition cost before any discounts are applied.**

**Tuition Payment Process:**

All accounts will be handled through a financial management system. This system allows families the option of having payments directly withdrawn from their bank account or paying with a credit card (standard fees apply). Families will still have the option to pay bills at the school by check or cash. If a parent chooses this option, payments must be received by the office at least 5 days prior to due date. All accounts are due to be 1st of each month.

Each family is responsible for setting up an account with the schools financial management program. This program will correspond with families electronically about account balances and due dates.

Late fees and penalties will apply to past due accounts in the amount of $25 plus 1.5% of the past due amount.

At any time, the board may terminate the student(s) enrollment. I agree to meet my financial responsibility and understand that the registration fee and first month’s tuition are due on the dates as stated above. I also understand that if I cannot fulfill this agreement during the year, I will contact the Executive Director, Christy Morgan @ 304. 699.0482 or [admin@buildthelegacy.org](mailto:admin@buildthelegacy.org).

**EMERGENCY CONTACT INFORMATION AND CONSENT FORM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Primary Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts** (to whom your child may be released to when parent or guardian cannot be reached)

Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written permission must be on file for anyone other than a parent/guardian to pick up your child from the center.

**Child’s Primary Medical Care**

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In case of an emergency, hospital to take your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Health Insurance**

Name of Insurance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Policy Holder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Consent and Agreement for Emergencies**As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.   
Parent/Guardian #1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Legacy Christian Academy Medical Agreement**

**Emergency Information**

Emergency contact information should be updated every year during registration. Current, accurate information will enable us to contact you. If any information changes during the school year, contact the school immediately.

**Prescription Medication**

If prescription medication must be taken at school, the following procedures apply.

1. Prescription Medication Parent Authorization Form – The parent/legal guardian must complete an authorization and instruction form entitled “School Medication Parent Authorization Form.” Your healthcare provider must also sign the form. You can make copies yourself or request additional forms from the school. **The completed form must accompany the medication.**
2. The medicine, in the original container (along with authorization form), must be taken to the school office.
3. At the designated time, the student will go to the office to take the medication. Assistance/ supervision will be given in accordance with the instructions on the authorization form.
4. Unused medication should be retrieved from the office within one week after medication is discontinued or at the end of the school year. Otherwise, the medication will be disposed of.

**Non-Prescription (OTC) Medication**

Every student must have an "Over-the-Counter Medication Permission Form" signed by the parent prior to any OTC medication administration. This form must be updated EVERY school year. There will be **No Exceptions**!

**Student Illness/ Injury**

Sick students who are contagious must not be sent to school. When a student becomes ill at school, the parent must arrange for the student to be taken home. Students must be fever free and/or no vomiting for 24 hours before returning to school. By working together, we can strive to ensure the health and well-being of every student.

**Current Medical Problems**

If your child has asthma, food allergies, seizures, or any other medical problem, please fill out the applicable form and turn it in to the office. This will ensure that your child gets the proper treatment in case of an emergency. You ONLY need to return the form if this is applicable to YOUR child.

**Immunizations**

All children attending a private or public school are required to receive certain immunizations. All students must have a current immunization report in their permanent file. If a student is not up-to-date on their immunizations, parents will receive an email or letter notifying them to send an updated immunization card as soon as possible.

**Release of Liability**

\_\_\_\_\_\_\_\_\_\_I agree to hold harmless, indemnify and release Legacy Christian Academy, their agents and employees and any volunteer from any liability for any injury or damage sustained with the minor while attending school activities.

**Medical Emergencies**

\_\_\_\_\_\_\_\_\_I hereby authorize Legacy Christian Academy personnel to provide emergency medical care for my child enrolled in the program. In the event that I cannot be reached, I hereby give permission to the physician selected by Legacy Christian Academy personnel to order x-rays, routine tests and treatment for the health of my child. I give permission to the physician selected by LCA personnel to hospitalize, secure proper treatment for and to order injection(s) and/or anesthesia and/or surgery for my child AFTER all emergency contact attempts have been made.

By signing, I am authorizing, I understand and agree to LCA’s Medical Agreement Policy. If I have any questions, I will contact my child’s teacher or LCA Administration.

**Print Parent’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT COOPERATION AGREEMENT**

1. I/We have read and understand the school’s philosophy of Christian Education and the Statement of Faith.
2. I/We agree with the mission and vision of Legacy Christian Academy.
3. I/We, as parents, accept the challenge to “train up a child in the way he should go” (Proverbs 22:6), and *I/we* do state that this training will be carried out in the home.
4. I/We place our trust in Legacy Christian Academy to extend that training more completely.
5. I/We will faithfully support the school through our prayers and a positive attitude, and in keeping with Matthew 18:15, *I/we am/are* committed to giving a good report by sharing any complaints and negative comments only with the people involved. Unresolved issues will be taken care of using the school’s chain of command.
6. I/We do hereby state that we have thoroughly read, understand, and agree to abide with the policies outlined in the school handbook.
7. I/We understand that I/we have an obligation to be actively involved in the education of my/our child/children.
8. **Logo, company name

   Description automatically generated**I/We agree to uphold and support the high academics of this school by providing a place at home for my child to study, and to give my child encouragement in the completion of homework assignments.
9. I/We understand that the standards LCA do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.
10. I/We believe that discipline is necessary for the benefit of each student as well as for the entire school.
11. I/We give permission to the teachers and administration to make and enforce school regulations in a manner consistent with Christian principles and discipline set forth in the Scriptures.
12. I/We further agree that I/we will cooperate and discipline my child in the home as needed.
13. I/We understand that there is always a risk of children transferring contagious viruses to each other, such as the flu, Covid-19, etc., through their interaction with other students while at school.
14. I/We pledge that if, for any reason, my/our child does not respond favorably to the school, *I/we* will do everything in our power to cooperate with the school to help my child make the necessary adjustments. If these adjustments cannot be made, then I/we agree to quietly withdraw *my/our* child.
15. I/We will support the school by involvement in Parent-Teacher conferences, school-sponsored meetings, and activities, and by offering volunteer service.
16. I/We understand and will fulfill our financial commitment to pay for the educational services the school is providing for my child.
17. I/We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and the abuse of other personal property.
18. I/We agree that *I/we* will not take to social media nor encourage other families to do so, should conflict arise with the school faculty/administration/students or their families.
19. I/We pledge to follow the Matthew 18 principle of conflict resolution.
20. I/We, as parent(s) of the student, do sincerely give my/our pledge to the above items.
21. I/We understand that failure of the parent(s) or child to comply with the established regulations and discipline, parental commitment, or failure to meet financial obligations will forfeit the student’s privilege of attending Legacy Christian Academy.

Parent Signatures: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Logo, company name

Description automatically generated**

SCHOOL PHOTO RELEASE FORM

Dear Parent/Guardian:

During the school year, we take photographs of school activities involving students to share the school’s positive vibe and updates. By which incidentally, some photographs may capture your child’s participation, directly or indirectly.

These photos may be published through our website, social media pages, and news bulletins.

With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms.

Photo Release Consent

\_\_\_ I hereby allow the reproduction and publication of my child’s photograph(s).

\_\_\_ I do not allow the reproduction and publication of my child’s photograph(s). Name of

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Logo, company name

Description automatically generated**

**TECHNOLOGY/SOCIAL MEDIA AGREEMENT**

With my signature, I am recognizing that I have received a copy of Legacy Christian Academy’s Technology/Social Media Manual. I understand that any violation of the LCA Electronic Devices, Social Media and Acceptable Use Policy Agreement may result in privileges being revoked; disciplinary action and/or appropriate legal action taken. I have read the LCA Electronic Devices, Social Media and Acceptable Use Policy. I agree to follow the rules contained in this policy.

I understand that if I violate the rules my account can be terminated, and I may face other disciplinary and legal actions.

I have read the LCA Electronic Devices, Social Media and Acceptable Use Policy Agreement and Limitation of Liability. I hereby release LCA and its personnel from any and all claims and damages of any nature arising from my child’s use the provided Internet and network capabilities. I understand that I can be held liable for damages caused by my child’s intentional misuse of the system.

**LIMITATION OF LIABILITY**

LCA will not be responsible for damage or harm to persons, files, data, or hardware.

LCA will not be responsible for damage to personally-owned devices while they are on school property.

While LCA employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

LCA will not be responsible, financially, or otherwise, for unauthorized transactions conducted over the school network.

Parent Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Logo, company name

Description automatically generated**

**Logo, company name

Description automatically generated**

**Logo, company name

Description automatically generated**

**Behavioral Contract**

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Student Grade

In a Responsibility-Centered Discipline school, educators collaborate to identify values and skills – like respect, honesty, effort and academic competencies – that they want students to take with them as they grow up. A “restorative” approach focuses on teaching children to develop self-control, gentleness, peace and kindness (Galatians 5:22-23) as Christ has bestowed upon us. As we are Christ-like and being led by his Spirit, we to should exhibit these qualities in our walk.

The objective is to teach students to recognize when they are too emotionally charged to make the best decisions and to focus them back to Christ for guidance on how to handle situations in a positive, Christian manner. Teachers and Administration will use supportive statements that build a relationship with students or identify a strength that he/she possesses. They remind the student of the expected behavior and explain where this expectation is not being met. The benefit of this standard of behavior is explained, and the student will be asked to come up with a solution to resolve his/her behavior issue. The Response-Ability Process enables students to take responsibility for their actions and to create solutions so we can be transformed through Christ. (Romans 12:2)

While most students consistently observe these standards and behave safely and appropriately, there are times when misbehavior warrants intervention and consequences. Teachers and other staff use the Responsibility-Centered classroom and behavior management strategies to address such behavior. When these strategies are not successful in changing that behavior and/or serious incidents occur, it is necessary for additional action to be taken. The following are examples of disciplinary actions that may be taken in no particular order.

**Please Note:** Careful consideration is given to individual situations, so that the school’s response to the student is appropriate. Consequences may be increased in cases of repeat offenses. Suspensions will be considered when behavior is disruptive and detrimental to the operation of the school.

**Possible consequences for behavior offenses** (minor offenses handled by teacher & supported by administration)

• Warning

• Teacher contacts parent

• Paper written regarding behavior signed by parent

• Verbal apology

• Removal from school activities

• Staff/student conference

• Lunch or after school detention with note/email home

• Counselor referral

• Conference with parents

• Administration contacts parents

• ISS- In school solution

• Suspension

• Fine for damages or stolen articles

• Expulsion

**I know that I have a right to:**

* be in a safe, positive school, free from harassment/bullying
* know what is correct behavior and what behaviors may result in disciplinary actions;
* counseling by staff about my behavior and how it affects my education and welfare in school;
* due process of law when I violate school regulations for which I may be suspended/removed from class.

I have received a copy of the Discipline Policy and understand the behavior that is required of my child.

I understand that my participation in my child’s education will help him/her be successful in school. I have read this agreement and I will carry out the following responsibilities to the best of my ability.

* Encourage my child to be a respectful and peaceful member of the school community.
* Discuss the Discipline Policy with my child.
* Participate in parent conferences, class programs and other activities in which my child is involved.
* Bring my child to school on time every day and provide a quiet place for them to do their homework.

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