

Legacy Christian Academy

1 New Taunton Avenue • Norton, MA 02766 • 508-952-2997 • Fax 508-952-2977

www.legacyne.org

Application fee of \$85 and the Family Enrollment Agreement must accompany application

Application for Admission

Date of Application: ____/____/____

Application for Grade PK K 1 2 3 4 5 6 7 8 9 10 11 12

Applying for school year _____ - _____

For Pre-Kindergarten

____ K3 2 ½ days ____ K4 3 ½ days
____ K3 2 Full Days ____ K4 3 Full Days
____ K3 5 Full Days ____ K4 5 Full Days
____ My child is fully potty-trained Y or N

APPLICANT INFORMATION (Please use student's full name)

Last name	First Name	Middle	Preferred Name
Street	City	State	Zip Code
Home Phone	Cell Phone (if applicable)	Email Address (if applicable)	
Date of Birth	Age	Male/Female	

CURRENT SCHOOL INFORMATION Not applicable

Name of School	Present Grade		
Street	City	State	Zip Code

FAMILY INFORMATION Student resides with Both parents Mother Father Stepparent Guardian Married Separated Single Divorced

Custodial Rights? Y or N Financial Responsibility? Y or N Receive Correspondence? Y or N

Note: Attach a copy of guardian's legal papers, or if divorced, attach a copy of custodial papers.

● **Father's name** _____

Home address (if different) _____

Home Phone _____ Cell Phone _____ Email: _____

Occupation _____ Title _____ Business Phone _____

Company Name _____

Business Address _____

● **Mother's name** _____

Home address (if different) _____

Home Phone _____ Cell Phone _____ Email: _____

Occupation _____ Title _____ Business Phone _____

Company Name _____

Business Address _____

PERSON RESPONSIBLE FOR TUITION AND FEES: (if different from above)

Name: _____ Phone: _____

Address if different from above: _____

APPLICANT'S SIBLINGS:

Last name	Frist Name	Male/Female	School Attending/Grade
Last name	Frist Name	Male/Female	School Attending/Grade
Last name	Frist Name	Male/Female	School Attending/Grade
Last name	Frist Name	Male/Female	School Attending/Grade

PREVIOUS SCHOOL INFORMATION: (If applicable)

Please list school previously attended:

School	Address	Dates	Grade(s) Completed
_____	_____	_____	_____

Has the student ever been suspended, expelled or asked to withdraw? _____ No Yes, please explain:

Why is the student withdrawing from his/her present school? _____

Has your child undergone education evaluation or received professional, psychological or personal counseling?
 No Yes, please explain:

Is your child presently taking any medication for medical or learning difficulties? No Yes, please explain:

What co-curricular or other activities has the student been involved in? _____

CHURCH INFORMATION: (optional)

Family Church: _____

Address: _____

Pastor: _____ Youth Pastor: _____

MEDICAL INFORMATION:

Physician's Name: _____ Telephone: _____

Address: _____

Is the student currently taking medication on a daily basis? No Yes, please explain type, dosage; dispense medication at home or school: _____

Does your child have any ongoing medical conditions (such as asthma, etc.) _____

EMERGENCY MEDICAL RELEASE

In case of emergency and if the parent(s) or guardian cannot be reached, the authorities of Legacy Christian Academy, One New Taunton Avenue, Norton, MA are authorized to arrange for such medical or surgical services as are deemed necessary to protect the welfare of my child. I give my permission for LCA to dispense over-the-counter medication such as Ibuprophen or Acetaminophen to my child as needed. In the case where my child may require a prescription medication to be dispensed at school, I agree to provide the school with the medication in the original container along with a note with the dosage amount and time to dispense medication. Likewise, if my child has an allergy which requires an EpiPen, I agree to supply two; one for the school office and one for the classroom to be kept for emergency use. All prescription medications must be kept in the school office.

Signature: _____ Date: _____

FIELD TRIP PERMISSION

I give my permission for my child to attend field trips sponsored by Legacy Christian Academy for his/her class. I will not hold the school, its employees or the volunteers liable in case of accident or injury. I understand I will be given specific information concerning each field trip and that appropriate dress is required for my child.

Signature: _____ Date: _____

PARENTAL CONSENT FOR STUDENT PARTICIPATION FOR PROMOTIONAL PURPOSES

It is the practice of LCA, when appropriate, to publish photographs and names of students on the school's website, Facebook page, or in local newspapers to highlight events and activities at the school, such as dramatic productions, concerts, sports or to recognize students' noteworthy achievements.

I/We do hereby give Legacy Christian Academy permission to use my son's/daughter's photograph verbal testimony, or other likeness for promotional purposes. It is understand that no remuneration will be given or received for this.

Signature: _____ Date: _____

OR If, as a parent or guardian, you DO NOT give Legacy Christian Academy permission to publish your student's name and/or photograph as describe above, please sign below.

Signature: _____ Date: _____

