



# Legacy Christian Academy

## Application Packet Checklist

Name of Applicant: \_\_\_\_\_

Thank you for your interest in Legacy Christian Academy. Please be sure to complete and include all required sections of the Application Packet Checklist. We look forward to meeting you and your child(ren).

	<b>Student Application</b>
	<b>Pastor's Recommendation Letter</b>
	<b>LCA Handbook Acknowledgement</b>
	<b>Activity Permission</b>
	<b>Dismissal Form</b>
	<b>Student Driver Waiver (if applicable)</b>
	<b>Medical Information Form</b>

*Incomplete packets will not be accepted. Please return completed application packet with checklist to LCA Administration. Once the completed packet is received, an entrance interview will be scheduled.*

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**Faculty/Staff Signature**

**Date**

[Legacychristian.rochester@gmail.com](mailto:Legacychristian.rochester@gmail.com)

**Office: 574-835-4961**

# *Legacy Christian Academy*

## **2023-2024 Fee Schedule**

**REGISTRATION FEE** (per student) .....\$100.00  
(returning students) .....\$60.00

<b><u>TUITION FEE</u></b>	<b><u>TEN MONTH PLAN</u></b>	<b><u>YEARLY</u></b>
Per Student	\$380.00/month	\$3,800.00

**BOOK FEES** (per student)

All Grades .....\$250.00

SCHOLARSHIP FUNDING IS AVAILABLE. Ask us how to apply for more information.

Registration is due upon acceptance into LCA in order to secure your child's placement. Book Fees are due by May 15. Both Registration and Book Fees are non-refundable.

Tuition may be paid in full or on the Ten-Month Plan. If paying in full, please make payment by August 1. If you utilize the Ten-Month Plan, please make sure payments are made by the first of the month starting in August. The last payment for the year will be due May 1. Please make sure your payments are on time. A \$25.00 late fee will be assessed for all late payments.

*Thank you for the opportunity to teach your children!*



# Legacy Christian Academy

## 2023-2024 Enrollment Form

Date \_\_\_\_\_ Student S.S. # \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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

Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone # \_\_\_\_\_

Father \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address(s) \_\_\_\_\_

Emergency Number(s) & Names \_\_\_\_\_

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

I.E.P, Behavior Plans Yes \_\_\_\_\_ No \_\_\_\_\_ List any needs that your student may have: ie. Medications

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

Previous School Attended \_\_\_\_\_

I, \_\_\_\_\_, understand that Legacy Christian Academy is a Christian based learning institution. I understand that a Bible course will be a part of my child's curriculum, and I will uphold the guidelines for the academics of Legacy Christian Academy. I also commit to social media etiquette policy to always uphold Legacy Christian Academy in the highest regard. Legacy Christian Academy observes a dress code and all students are required to follow that code. In addition, by signing this document I commit to my financial obligation to pay tuition on time and in full by the first day of each month. Book Rental fees are non-refundable.

\_\_\_\_\_ (Guardian) \_\_\_\_\_ Date

\_\_\_\_\_ (Guardian) \_\_\_\_\_ Date

No student will be denied admission based on race, color or ethnic origin.

*Legacy Christian Academy*

1894 Petty Drive  
Rochester, IN 46975

Dear Pastor,

We are seeking a letter of recommendation from a leadership official within your church. This letter will be kept confidential, and we ask that you return it to the address listed above.

Our mission at Legacy Christian Academy is to be a discipleship ministry. We long to be an extension of the Christian home, and aid parents in training their children with a firm foundation on the Word of God. It is from homes where parents and students share this same goal that we intend to draw our students.

Please give us an idea of how involved this family is in your church, what their attendance looks like, if they are involved in any other ministries and how long you have known them. Please also include any known reasons why you believe this student/students would or would not be a good fit for Legacy Christian Academy.

Again, this letter will be kept completely confidential, and should be mailed to the address listed above. Should you have any further questions, please contact the school directly at 574-835-4961. We look forward to your recommendation.

Sincerely,

*Legacy Christian Academy*

Admissions Office

Legacychristian.rochester@gmail.com



# Legacy Christian Academy

## Dismissal Form

2023-2024

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

LCA does all that it can to keep your child(ren) safe. We ask that you give us a list of people that you give permission to pick-up your child(ren) from school and/or school functions.

Name

Phone Number

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Parent Signature

Date



# Legacy Christian Academy

## Student Driver Permission Form 2023-2024

\_\_\_\_\_ (student's name) has my permission to drive to school for the 2023-2024 school year. He/She also has permission to take the following children from our family with them.

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

I further attest that this student driver is insured as required by Indiana Law and holds a valid Indiana Driver's License. This privilege to drive to school may be revoked at any time at the discretion of LCA leadership, and I will abide by their decision in this matter. I release LCA from any and all liability, either real or implied, that may arise from my student driving himself/herself to school.

\_\_\_\_\_  
Mother/Guardian Date

\_\_\_\_\_  
Father/Guardian Date

For Office Use:

Approved: \_\_\_\_\_

Request denied due to: \_\_\_\_\_



# Legacy Christian Academy

## ACTIVITY PERMIT

2023-2024

By my signature, I give permission for my student to be transported to all activities of Legacy Christian Academy. This also signifies the release of Legacy Christian Academy from any/all liability.

**Student name:** \_\_\_\_\_

**Parent name PRINTED:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

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

**Parent Contact Number:** \_\_\_\_\_

**Alternate Contact Number:** \_\_\_\_\_

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

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



# Legacy Christian Academy

## Handbook Acknowledgement Form 2023-2024

**I/We have read and understand the Legacy Christian Academy Handbook, including the Uniform, Attendance and Tuition/Fees Payment Policies. I have reviewed the policies and procedures, as well as the Statement of Faith and Student Code of Conduct. We agree to abide by ALL of the policies/expectations in the Handbook and uphold Legacy Christian Academy's Statement of Faith.**

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Father/Guardian Signature

Date

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Mother/Guardian Signature

Date

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Student Signature (Required for grades 6 and above)

Date





# Legacy Christian Academy

## Medical Information Form

**Student's Name** \_\_\_\_\_

**Family Physician Name:** \_\_\_\_\_

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

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

**Family Hospital:** \_\_\_\_\_

**Family Dentist Name:** \_\_\_\_\_

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

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

**Insurance Company:** \_\_\_\_\_

Policy: \_\_\_\_\_

Group: \_\_\_\_\_

**Please list any medical conditions we should be aware of:**

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