



Legacy Christian Academy

P.O. Box 1054/510 JC Mauldin Hwy. ~ Killen, AL 35645 ~ 256.757-5345 ~ www.legacy-christian-academy.org

Returning Student Application

STUDENT INFORMATION

Applying for grade to enter August 2015: _____ DOB: _____

Student's Last Name _____ First _____ Middle _____

Goes By _____

Address: _____

Gender: _____ SS# _____ Race: _____

Home phone: _____ (K4 students only): Is your child completely potty-trained? _____

PARENT/LEGAL GUARDIAN INFORMATION

____ Father	Name: _____
____ Stepfather	Living with Child: ____ Yes ____ No
____ Legal Guardian	Home Address: _____
	E-mail Address: _____
	Home Phone: _____ Cell phone: _____ Text: Yes or No
	Occupation: _____
	Employer Work Phone: _____

____ Mother	Name: _____
____ Stepmother	Living with Child: ____ Yes ____ No
____ Legal Guardian	Home Address: _____
	E-mail Address: _____
	Home Phone: _____ Cell phone: _____ Text: Yes or No
	Occupation: _____
	Employer Work Phone: _____

Primary contact (to call first): _____

LCA does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational, employment, admissions and/or scholarship policies or any other school administered programs.

Legal Custody? Father Mother Guardian Other
 Check all that apply: Father deceased Mother deceased Parents separated Parents divorced

If a custody situation exists for the student, a current court approved custodial agreement must be supplied to LCA prior to admittance. If both parents/guardians have custodial authority during school hours, both must sign this application.

EMERGENCY CONTACT INFORMATION

(Someone other than parent who can be contacted in an emergency)

Name: _____

Address: _____

Home# _____ Cell# _____ Work# _____

Relationship to Child: _____

Who is authorized to pick up your child?

Name	Relationship	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an emergency and either parent and/or guardian cannot be reached, the emergency contact will be called. If no one is available, 911 may be called and/or student may be accompanied by school personnel and transported to the nearest medical facility.

SIBLING INFORMATION

Names of Brothers	Birth Date	Names of Sisters	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL RECORD

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Hospital Preference: _____

Has your child ever had any of the following medical conditions? Please CHECK if answer is **YES**

- | | | | |
|----------------------|---------------------|-----------------------|--------------------|
| Allergies _____ | Asthma _____ | Bronchitis _____ | Appendicitis _____ |
| Seizures _____ | Epilepsy _____ | Chicken Pox _____ | Deafness _____ |
| Diabetes _____ | Heart Disease _____ | Measles _____ | Mono _____ |
| Kidney Disease _____ | Liver Disease _____ | Thyroid Disease _____ | Tuberculosis _____ |

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Please list any medication the child takes on a **regular** basis. A current Medication Form is needed on file in office for any medication taken at school.

Please list any **recurrent** medical problems the child has (i.e., allergies, seizures, diabetes, frequent ear infections, sinus infections, etc.).

Please list any allergies: _____

Any other health updates since last year? _____

*****Please provide a current immunization certificate if your child's has expired.*****

_____ I reaffirm my commitment to all spiritual, financial, educational principles/policies as detailed in my child's original application to Legacy Christian Academy. I further understand and agree that all fees, tuition and any other payments to LCA are non-refundable. (Please sign indicating your agreement.)

Parent's/Legal Guardian's signature

Date

Pastoral Reference Information

Parent, please fill out this section:

Parent(s)/Legal Guardian's Name (s): _____

Student name & grade: _____

Name of the Church we currently attend: _____

Has your church affiliation changed since you last applied to LCA? ____Yes ____ No
If no, an update is not required from your Pastor. If yes, you will need to get a new Pastoral Reference Form to be returned by your Pastor.

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