LEGACY CHRISTIAN ACADEMY
1376 State Road 60 E,
Lake Wales FL 33853
T. 863-259-8313 ● www.Legacyfl.org

OFFICE USE ONLY Date Received: _____
Reg. Fee: _____ Cash ☐ Check ☐ #_____
☐ **NEW** ☐ **Returning** ☐ **Sibling** ☐ _____

☐ Phys. Form ☐ Student Transcript/Grades
☐ Vaccines ☐ FSA or Testing Evidence
☐ Birth Certificate ☐ Interview
☐ IEP/504 ☐ Emergency Contact Form
☐ Withdrawal Form ☐ Medication Authorization
Scholarship _____ Accepted _____
Payment Plan ☐ Scholarship ☐ Paid in Full ☐
Extended Care: ☐ No / ☐ Yes: ☐ AM ☐ PM

ENROLLMENT APPLICATION

School Year: 2025 – 2026
Grade Entering: _____
Student ID: _____
☐ Student-Athlete / Sport: _____

Legacy Christian Academy will admit students of any race, color, gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, gender as determined at birth, national and ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletic, and other programs.

SCHOOL HOURS - Monday to Friday: 8:00 am – 3:00 pm / Friday: 8:00 am – 2:00 pm

Last Name: _____ First Name: _____ Middle: _____
Gender: ☐ Female ☐ Male Date of Birth: _____ Age: _____ Ethnicity: _____
Social Security: _____ Student's Cell: _____
Address: _____
City: _____, FL Zip: _____ Phone: _____
This Student lives with the following adults: *(El estudiante vive con los siguientes adultos)*

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Step-Parent ☐ Legal Guardian ☐ Other: Housing Program

PARENTS INFORMATION *(Información de los Padres)*

Parent/Guardian's Name: _____
Phone: _____ Cell Phone: _____ Work Phone: _____
Email (please print clearly) _____ Occupation: _____
Employer: _____ Address: _____

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Phone: _____ Cell Phone: _____ Work Phone: _____
Email (please print clearly) _____ Occupation: _____
Employer: _____ Address: _____

For students entering Kindergarten, did your child participate in the VPK program last year? ☐ Yes ☐ No If Yes, where?

_____

Person Responsible for Tuition: _____ Relationship: _____

PREVIOUS SCHOOL INFORMATION *(información de la escuela anterior)*

Name of Previous School: _____
Address of Previous School: _____
Previous School Phone: _____ Fax: _____

RELIGIOUS INFORMATION ***(Información Cristiana)***

Name/Location of church your family attends: _____

Pastor: _____

BEFORE SCHOOL: 7:00 am – 8:00 am / AFTER SCHOOL: 3:00 – 5:00 pm (Registration Required, Private Fee Applies)

For New Students Only: How did you hear about our school? _____

Why do you want your child to come to this school? _____

_____

(Como escucho sobre nosotros y porque desea matricular a su hijo(a) en nuestra escuela?

PARENTAL CONSENT / CONCENTIMIENTO (must be signed at the bottom of page ***/(firme al final de la página)***

EMERGENCY CARE AND PICK-UP PERMISSION / AUTORIZACION Y CUIDADO DE EMERGENCIA

SEE THE EMERGENCY CONTACT LIST. (VEA LA LISTA DE CONTACTOS DE EMERGENCIA)

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me or anyone on the Emerency Contact List, I authorize the school to make whatever arrangements deemed necessary. ***/ En caso de lesión grave solicito que la escuela me contacte, pero si yo no puedo ser contactado o nadie de la Lista de Contactos de Emergencia, yo autorizo a la escuela a hacer cualquier arreglo pertinente que considere necesario para ayudar mi hijo(a).***

CHILD ACCESSABILITY IN THE CASES OF DIVORCE AND ESTRANGEMENT / ACCESO AL ESTUDIANTE EN CASO DE DIVORCIO Y RESTRICCIONES

(Note: This is to include information regarding parental and non-spousal relationships (i.e., girlfriend/boyfriend of the child's parents. / Información de los padres divorciados, adoptivos y padrastro o madrastra.)

To prevent unauthorized visit or pickup of my child at Legacy Christian Academy (LEGACY CHRISTIAN ACADEMY) by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply the LEGACY CHRISTIAN ACADEMY office with all official, legal court documents (including, but not limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non-parental access to my child. I understand that all documents are to be submitted on or before the first day of the child's attendance updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. (A copy of each official document will be made by the school office's staff to be kept on file.)

Documentación legal es requerida para evitar que alguien que tuvo alguna relación parental con su hijo(a) NO tenga acceso a su hijo(a). Sin documentación legal, no podemos evitar que un padre, madre, padrastro, madrastra tenga acceso a su hijo(a) o acceso a su expediente o información. Usted tiene que someter documento legal a la oficina antes del 1er día de clases.

CHANGE OF LEGAL NAME OR LASTNAME / CAMBIO DE NOMBRE O APELLIDO

The school staff will acknowledge the student's legal name and gender as stated on the student's birth certificate. If the name or gender was changed by the parents, legal documentation is required along with an updated birth certificate. All student's record will have the student's legal name and gender as stated on the birth certificate. / ***El personal de la escuela se referira al estudiante con el nombre legal y sexo escrito en su certificado de nacimiento. Si los padres desean cambiar su nombre, apellidoo sexo, estos deben someter documentación legal y un certificado de nacimiento actualizado. Todo expediente del estudiante tendrá el nombre y sexo estipulado en el certificado de nacimiento.***

PERMISSION TO TRAVEL / PERMISO PARA TRANSPORTE

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities. / ***Doy mi permiso a que se transporte a mi hijo a cualquier actividad escolar mediante transportacion aprovada por la escuela***.

SCHOOL HEALTH SERVICES / SERICIOS DE SALUD

I request that my child participate in any health appraisal activities conducted in school by a Public Health Nurse. The activities may include screening for vision and hearing problems and Scoliosis (curvature of the spine) and COVID Test with no charge for

these services. / ***Autorizo a mi hijo(a) a participar de actividades de salud en la escuela auspiciadas por el Departamento de Salud incluyendo pruebas gratuitas de COVID, visión, audición y escoliosis sin ningún costo adicional.***

STATEMENT OF NON-DISCRIMINATORY POLICY / POLITICA DE NO DISCRIMINACION

I have been informed that Legacy Christian Academy (LEGACY CHRISTIAN ACADEMY) admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. / ***He sido informado que LEGACY CHRISTIAN ACADEMY admite estudiantes a todos los programas sin discriminacion por raza, color, nacionalidad u origen.***

LEGACY TUITION FINANCIAL AGREEMENT / CONTRATO FINANCIERO DE MATRICULA

"I have read the "Legacy Christian Academy Enrollment Financial Agreement; and I do understand and agree with the policies set forth." ***/ He leido el "Contrato Fianciero de Matricula" de LEGACY CHRISTIAN ACADEMY , estoy de acuerdo y me comprometo a cumplir con sus clausulas.***

STATEMENT OF FAITH / DECLARACION DE FE

I have read the "Statement of Faith" and I will abide by them. I want my child to be taught in accordance with LEGACY CHRISTIAN ACADEMY "Statement of Faith" as described by the school policy, I will accept, and respect their beliefs. / ***He leido la "Declaración de Fe" de LEGACY CHRISTIAN ACADEMY y me comprometo a respetarla. Quiero que mi hijo(a) sea instruido(a) de acuerdo con la "Declaración de Fe" de Legacy Christian Academy, y aceptare y respetare sus creencias.***

STUDENT-ATHLETE ONLY – REQUIRED INFORMATION / ESTUDIANTE ATLETA – INFORMACION REQUERIDA

I understand that if my child is selected to participate at the Legacy Sport Program, I will be responsible to pay my child's Athletic Fee entirely. I understand that the Scholarship does not cover this fee. I will refer to the Legacy Sports Inc Handbook to abide and comply with additional rules as established by Legacy Sports Inc and NCAA.

Entiendo que, si mi hijo es seleccionado a participar en el programa atlético de Legacy Sport Inc, yo seré responsable por los costos Atléticos en su totalidad. Entiendo que la beca no cubre este costo. Me comprometo a leer el Manual de Legacy Sports Inc, a seguir y cumplir las reglas adicionales establecidas por Legacy Sports Inc. y NCAA.

NOTE: Students-Athletes under the Travel Team/Housing Program will have $0 fees and full scholarship. / ***Estudiantes-Atleta bajo el programa Travel Team/Housing tendrán $0 cargos y beca completa.***

Name of Previous School: _____

Name of Previous Team: _____

Name of Previous Coach: _____

Positions Played: _____

_____ _____

Print Name / ***Nombre en letra de Molde*** Print Name / ***Nombre en letra de Molde***

_____ _____

Parent/Guardian's Signature / ***Firma*** Date Parent/Guardian's Signature / ***Firma*** Date

Legacy Christian Academy reserves the right to admission. / ***Legacy Christian Academy se reserva el derecho de admisión.***