

Please attach recent photo of student applicant

2021-22 Enrollment

The annual member registration fee of \$350 new members/\$150 returning members must be submitted with the completed application form upon registration. This fee and the tuition commitment is non-refundable.

Applicant's Name	;	Prefers to be called				
••	Last	First	Mid			
Sex	Age		Birth date	/	/	
Address						
\$	Street		C	City,	State	Zip Code
House Phone			Stude	nt Cell Phone#	!	
Student E-mail					2021-22 Gra	ade Level
FAMILY DAT	ГА					
Father				Mother		
Full Name (Include Dr., Mr.)				Full Name (Include Dr., Mrs., Ms.)		
Home Address (if	different from abov	e)		Home Addre	ess (if different from al	pove)
City	State	Z	Zip	City	State	e Zip
Home Phone				Home Phone	2	
Cell Phone				Cell Phone		
E-mail				E-mail		
Occupation Title				Occupation 7	Title	
Employer				Employer		
Work Phone				Work Phone		

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Student lives with:Both ParentsFatherMoth If not parents, who has legal custody?	nerStepfather _	_StepmotherOther
Does this student have other siblings?		
Sibling Name/Age		School Attending
		•
		<u> </u>
		_
Grandparent(s) Name(s):	Grandpar	rent(s) Name(s):
Address:	Address:	
City/State/Zip:	City/State	e/Zip:
Phone:	Phone:	
Church affiliation:		
Student's Instagram:	Student's	Twitter:
Student's Facebook URL:	Other Soc	ial Media:
 their "friend list" or the like prior to submitting this a Please list special experiences/interests/talents o Scouting, etc. 	f applicant, including	ng church activities, athletics, music, art, hobbies,
		
Has your child received any special recognition	and/or awards? (No	t limited to school)
How did you hear about SHAPE/LCA? _ Friend _ Relative _ Preschool _ Brochur	re _ Advertiseme	nt _ Church Other
Why do you want your child to attend SHAPE/LCA?	?	

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MEDICAL DATA						
Phy	y sician ; Nam	ne	Address		Phone	-
Em	ergency Contact:					
		Name	Home phone #	Cell Phone	e# relationship to st	uden
Em	ergency Contact:					
		Name	Home phone #	Cell Phone	relationship to st	uden
•	Does the applican	nt have any medical disorder	s SHAPE/LCA should l	be aware of? (astl	hma, allergies, etc.)	
•	Does the student of	currently take any medicatio	ns? (list)			
•		hospitalized? Institutionalizere:			Physiological Condition? If yes	5,
	OUCATION DA		C	- J- Il	T	т_
					Transcript Attached? Yes / N	
Sch	ool Address		F	low Long?	Phone #	
Lis	t all previous scho	ools the applicant has atten	ded and dates of atten	dance:		
Sch	ool		Grade	Dates	s attended	
Sch	.ool		Grade	Dates	s attended	
	• Has the appli	cant ever repeated a grade?_	Grade_	Reason fo	or repeating:	
	* Has the appli	cant ever been suspended or	expelled from school f	or any reason?	(If yes, please attach de	tails
	* Have you ever withdrawn the applicant from any school for any reason?(If yes, please attach d			tails)		
	• Has the appli	Has the applicant ever attended an alternative school? (If yes, please attach deta Has the applicant ever been diagnosed with learning, social, physical, or emotional disorders which may affect			tails	
	activities or p		cusing issues, dyslexia,	physical limitation	ons, learning differences, etc.)?	
	• Has the appli			nal tasting?		
	(7.0	icant ever had diagnostic psy	chological or education	iai testing:		
	(If yes, pleas	icant ever had diagnostic psy e furnish LCA with test resu	/chological or educatior llts and explain.)	iai testing:		
	(If yes, pleas Has the appli	e furnish LCA with test resu	or participated in a prog	gram designed for	students who have special acad	
	• Has the appli	e furnish LCA with test resultant ever attended a school of ities (including speech, learn	or participated in a programming differences, resources	gram designed for ce, gifted, handica	students who have special acad	lemi

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Parents' Statement of Agreement			
We, as the parent(s) ofeducation of our child. We recognize that the education as they aid us in our responsibility.	cation of our ch	, do pledge our support to SHAPE/I ld is a God-given responsibility. We pledge t	
We support the school's Mission Statement and Pl	hilosophy of Cl	ristian Education.	
We pledge to meet all financial responsibilities ass provide pre-written, postdated monthly tuition che			egistration or
We give SHAPE/LCA full discretion as our partner the Parent/Student Handbook.	er in the acaden	nic training and discipline of our child, within	guidelines of
We pledge our loyalty to the mission and founding criticisms to the appropriate administrator and teacher the teacher and administration to discuss the issue in written form. We will not participate in gossip r	cher privately. S . When necessa	Should the matter need to go further, we agree ry, we agree to bring any issue concerning po	e to meet with
We pledge that if for any reason our child does no regularly with on time arrival and departure, or mademeanor (including: dress, hygiene, care of school him/her without delay. However, we recognize that student who fails to adhere to these standards and	aintain reasonab ol property, and at the school res	ele and acceptable standards of conduct and c conduct at or away from the school), we will erves the right to suspend, expel, or otherwis	lassroom l withdraw
We understand that SHAPE/LCA is a homeschool education available to as many students as possible budget for all programming for the year. We agree SHAPE/LCA may dismiss our child as a SHAPE/LCA	e. We understare to honor our f	nd that SHAPE/LCA uses our tuition agreement of the commitment, no matter what, but und	ent to plan and derstand that
We pledge to consistently pray for the Board, Adn	ninistration, Te	achers, and Students of the school on a regula	ır basis.
Father/Guardian Signature	Date	Mother/Guardian Signature	Date
➤ Academic/Behavior Standards All students attending SHAPE /LCA are expected demeanor, maintain regular attendance, and make right to discipline, dismiss, or suspend any student Handbook.	successful prog	ress consistent with their ability. SHAPE/LC	A reserves the
Parent Signature		Student Signature	

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SHAPE/LCA Personal Liability and Medical Release Form 2021-2022

Liability Release – In consideration of allowing my child ______ (the "Child") to participate in activities at the SHAPE/LCA, the undersigned, for themselves, and/or being the legal and acting guardian of Child, acting for themselves on behalf of the Child, release and hold harmless SHAPE/LCA, a Texas non-profit corporation, its representatives, agents and employees (collectively, "SHAPE/LCA"), and Southside Baptist facility, its representatives, agents and employees (collectively, Southside Baptist), any and all liability, claims, demands, and causes of action whatsoever occurring to the Child and/or the undersigned at any time while attending a SHAPE/LCA activity, including travel to and from any activity, excepting only such injury or damage resulting from willful acts of representatives, agents, and employees.

Assumption of Risk – Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the Child voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the Child and/or the undersigned or any property owner by them while on or upon the premises of Southside Baptist or participating in a SHAPE/LCA activity. SHAPE/LCA and Southside Baptist may, but are not obligated, to carry insurance on the Child, the premises or the activities, and the existence of insurance will not change, alter, or increase the liability of either SHAPE/LCA or Southside Baptist to the Child and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges: (a) that he/she has read thoroughly and understands completely, the terms of this Release and signs it voluntarily; and (b) that the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian.

Medical Release – The undersigned voluntarily gives permission for SHAPE/LCA and Southside Baptist to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the Child as deemed necessary under the circumstances. Parents or guardians of the Child will allow emergency medical treatment to be administered as needed. Any further treatment will require parental consultation and consent. I agree to indemnify and hold harmless the SHAPE/LCA and Southside Baptist for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the Child and/or the undersigned arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by the rendering of emergency medical treatment.

Transportation Release -- I give permission for my child to be transported either by SHAPE/LCA transportation or by other commercial or public transportation for field trips of other activities.

Marketing Release -- I understand that my child's likeness may be used in SHAPE/LCA ads, promotional videos, website material, or various other marketing. These images will be used for SHAPE/LCA purposes only, and will not be given or sold to outside companies or individuals.

We agree to pay SHAPE/LCA and/or Southside Baptist for any damages or loss caused by our children to the property or premises of Southside Baptist or to SHAPE/LCA property. We recognize that SHAPE/LCA and Southside Baptist are not responsible for damages to or theft of personal property left on the premises of Southside Baptist.

We agree that it is the undersigned's responsibility to promptly notify the SHAPE/LCA administration regarding any legal custody or parenting time arrangements, it being impossible for SHAPE/LCA to monitor or enforce such arrangements.

I, in my own behalf and on behalf of Child, hereby warrant that I have read this Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Child, am aware that this Release releases SHAPE/LCA and Southside Baptist from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Child, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian	Date	Signature of Parent or Legal Guardian	Date
Printed Name of Parent or Legal Guardian	Date	Printed Name of Parent or Legal Guardian	Date

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VOLUNTEER PREFERENCES

Please number your top five preferences belo	ow from 1 through 5, with 1 being your greatest area of interest
Lunchroom monitor and clean-up After-school clean-up	Summer Volunteer Opportunities
Teacher treats	4 th of July Parade
Hospitality Committee	Teacher Inservice gifts
Field Trip Committee	Teacher Inservice luncheon
Book Fair set-up and clean-up	Do you have an idea to help/share?
Lawn care	
General maintenance	
PR/Advertising/Social media	
*** This is not a complete list of volunteer n throughout the year. ***	eeds that we have at SHAPE/LCA. There may be other opportunities for service
<u> </u>	teer for 10 specific events. Choose your specific commitments upon registering or mittees will have duties beginning before the fall semester starts. If you commit to

NOTICE OF NONDISCRIMINATORY POLICY

SHAPE/LCA does not discriminate on the basis of race, color, or national and/or ethnic origin in admissions policies and other organization-administered programs.

serving SHAPE/LCA in any way and are unable to fulfill your commitment for whatever reason, then it is up to you to inform the Volunteer Coordinator of your absence so that we may find a suitable substitute. It is our prayer that we will all have a

servant attitude and view the co-op as an opportunity to bless, serve, and partner with each other.

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Enrollment Contract Please initial beside each line to show your agreement. We are enrolling the child listed on page 1 of this contract in Shape/LCA for the 2021-2022 school vear. We understand our commitment is for the entire co-op year (August-May). We will (circle one) attach a transcript & test scores or mail them in. We understand that our student may not begin classes until this paperwork is received. We understand that ten (10) Volunteer Events per family are to be performed by a parent (guardian) each academic year, to support the school and help keep tuition rates low. We agree to sign up for our chosen events by September 1st and follow through with them, keeping a record of the time we serve. We know that SHAPE/LCA must pay to have our volunteer events performed by someone else and \$300 will be charged to our invoice if we choose not to participate for any reason. Volunteer events are mandatory or a fee is paid. We commit to attend the Back to School Open House/Pizza Party. We will meet our child's teachers and review all guidelines, policies, and procedures. We will bring supplies from our supply lists at that time. If we are unable to attend the Open House, we will meet personally with an administrator or teacher. Our student will take any placement tests deemed necessary by SHAPE/LCA staff. We, the Parent/s, are legally homeschooling our child according to the laws of The State of Texas, and understand that our child's academic education, including record keeping, is fully our personal responsibility. We understand that our obligation to pay the fees & tuition for the full academic year is unconditional and that no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal, or dismissal from the school of the above student. We will pay in full at registration or provide pre-written, postdated monthly tuition checks for the whole academic year upon enrollment. We will supply SHAPE/LCA with the pre-written tuition checks for deposit on the 5th of each month. Tuition will be completely paid in full by the April 5th deposit. No alternative form of payment (example: credit cards or PayPal) will be accepted. We understand that in signing this Enrollment Contract for the coming academic year, we are agreeing to accept the rules and regulations of SHAPE/LCA as stated in the application and the policy concerning payment of fees as referred to above. Furthermore, we agree to the policy of SHAPE/LCA that no student will be permitted to take examinations, nor will grades and transcripts be released, unless our account has been paid in full. We understand that Shape/LCA'S policies may be subject to changes throughout the year and that it is our responsibility to be aware of the posted policy revisions supplied through Monday Minders and Teacher Communication. We understand that Monday Minders and Teacher Communication is the primary means of communication from SHAPE/LCA and we agree that we are responsible for the information relayed. We have read, understand, and have signed the SHAPE/LCA Waiver and Release of Liability Form. We understand that Shape/LCA's Board of Directors reserves the right to terminate our child's enrollment. If enrollment is canceled, parents or guardians financially responsible for the student are obligated to pay the full annual charges/tuition commitment. Our signatures below affirm that we have read, understand, and accept the terms and conditions of this contract. *In order* to reserve a place for your child, please sign and return a copy of this Enrollment Contract and your Tuition Deposit with your postdated, prewritten checks to the Administrators of SHAPE/LCA. Signature of Parent or Legal Guardian Date Signature of Parent or Legal Guardian Date

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Printed Name of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

PLEASE MAIL THIS PACKET TO: SHAPE Academy DBA Legacy Christian Academy of Granbury c/o Monica Brown 910 Paluxy Road Granbury, TX 76048

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