



LEGACY

CHRISTIAN ACADEMY
OF GRANBURY

www.legacychristianofgranbury.com 817-736-2952

Please
attach
recent photo
of
student applicant

2020-2021 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** **Middle**

Sex _____ Age _____ Birth date _____/_____/_____

Address _____
Street **City** **State** **Zip Code**

House Phone _____ Student Cell Phone # _____

Student E-mail _____ **2020/21 GRADE** _____

FAMILY DATA

Father

Name in Full (Include Dr., Mr.)

Home Address (if different from above)

City State Zip

Home Phone

Cell Phone

E-mail

Occupation Title

Employer

Work Phon

Mother

Name in Full (Include Dr., Mrs. Ms.)

Home Address (if different from above)

City State Zip

Home Phone

Cell Phone

E-mail

Occupation Title

Employer

Work Phone

Please check any that apply:

Parents married Parents divorced Parents separated Father deceased Mother deceased Father remarried
 Mother remarried

If parents are divorced or remarried, please provide the following information:

Who has legal custody? _____

Student lives with: Both Parents Father Mother Stepfather Stepmother
Other _____

Does this student have other siblings? _____ If so:

Sibling Name/Age	Current Grade	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandparent(s) Name(s): _____ Grandparent(s) Name(s): _____

Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: _____ Phone: _____

Church affiliation _____

Student's Instagram: _____

Student's Facebook URL: _____

Student's Twitter: _____

REQUIRED: As part of our admittance process, SHAPE/LCA requires full viewing access to any and all personal student accounts on Facebook and Instagram and Twitter. Your application will not be processed until your student requests that The Pride of Legacy be added to the "friend list" prior to submitting this application.

_____ Initial Indicating Completion of Request

- Please list special experiences/interests/talents of applicant, including church activities, athletics, music, art, hobbies, Scouting, etc _____

- Has your child received any special recognition and/or awards? (Not limited to school)

How did you hear about SHAPE/LCA?

Friend Relative Preschool Brochure Advertisement Church Other _____

Why do you want your child to attend SHAPE/LCA?

MEDICAL DATA

Physician _____
Name Address Phone

Emergency Contact : _____
Name Home phone # Cell Phone # relationship to student

Emergency Contact : _____
Name Home phone # Cell Phone # relationship to student

- Does the applicant have any medical disorders SHAPE/LCA should be aware of? (asthma, allergies, etc.) _____
- Does the student currently take any medications? (list) _____
- Has student been hospitalized? Institutionalized? Diagnosed with Medical Physical or Physiological Condition? If yes, Details written here:

EDUCATION DATA

Present School _____ Grade Level 18-19: _____ Transcript Attached? Yes / No

School Address _____ How Long? _____ Phone # _____

List all previous schools the applicant has attended and dates of attendance:

School _____ Grade _____ Dates attended _____
School _____ Grade _____ Dates attended _____

- Has the applicant ever repeated a grade? _____ Grade _____ Reason for repeating: _____

- * Has the applicant ever been suspended or expelled from school for any reason? _____ (If yes, please attach details)
- * Have you ever withdrawn the applicant from any school for any reason? _____ (If yes, please attach details)
- Has the applicant ever attended an alternative school? _____ (If yes, please attach details)
- Has the applicant ever been diagnosed with learning, social, physical, or emotional disorders which may affect activities or progress (i.e.- attention or focusing issues, dyslexia, physical limitations, learning differences, etc.) ?
Please explain _____

- Has the applicant ever had diagnostic psychological or educational testing? _____ (If yes, please furnish SHAPE/LCA with test results and explain)

- Has the applicant ever attended a school or participated in a program designed for students who have special academic needs or abilities (including speech, learning differences, resource, gifted, handicapped, or other)?

- If yes, please list location and dates of participation in these programs: _____

Parents' Statement of Agreement

We, as the parent(s) of _____, do pledge our support of SHAPE/LCA in the education of our child. We recognize that the education of our child is a God-given responsibility. We pledge to assist the school as they aid us in our responsibility.

We support the school's Mission Statement and Philosophy of Christian Education.

We pledge to meet all financial responsibilities associated with our child's enrollment. We will pay in full at registration or provide pre-written, postdated monthly tuition checks for the whole academic year upon enrollment.

We give SHAPE/LCA full discretion as our partner in the academic training and discipline of our child, within guidelines of the Parent/Student Handbook.

We pledge our loyalty to the mission and founding principles of SHAPE/LCA. We promise to bring any questions and criticisms to the appropriate administrator and teacher privately. Should the matter need to go further, we agree to meet with the teacher and administration to discuss the issue. When necessary, we agree to bring any issue concerning policy to the board in written form. We will not participate in gossip regarding questions, criticisms or issues that may arise.

We pledge that if for any reason our child does not make successful progress consistent with their ability, attend classes regularly with on time arrival & departure, or maintain reasonable and acceptable standards of conduct and classroom demeanor (including: dress, hygiene, care of school property, and conduct at or away from the school), we will withdraw him/her without delay. However, we recognize that the school reserves the right to suspend, expel or otherwise discipline any student who fails to adhere to these standards and those set forth in the Parent/Student Handbook.

We understand that SHAPE/LCA is a homeschool cooperative ministry. Tuition levels are designed to make Christian education available to as many students as possible. We understand that SHAPE/LCA uses our tuition agreement to plan and budget for all programming for the year. We agree to honor our financial commitment, no matter what, but understand that SHAPE/LCA may dismiss our child as a SHAPE/LCA student if we are more than 30 days late in our payments.

We pledge to consistently pray for the Board, Administration, Teachers and Students of the school on a regular basis.

FATHER OR GUARDIAN SIGNATURE

MOTHER OR GAURDIAN SIGNATURE

DATE

DATE

➤ Academic/Behavior Standards

All students attending SHAPE /LCA are expected to maintain reasonable and acceptable standards of conduct and classroom demeanor, maintain regular attendance, and make successful progress consistent with their ability. SHAPE/LCA reserves the right to discipline, dismiss, or suspend any student who does not adhere to these standards and those stated in the *Student Handbook*.

PARENT SIGNATURE

STUDENT SIGNATURE

SHAPE/LCA Personal Liability and Medical Release Form 2020-2021

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 to 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 emergence 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 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

VOLUNTEER PREFERENCES

Please number your top 5 preferences below from 1 through 5, with “1” being your greatest area of interest

- | | |
|---|---|
| <input type="checkbox"/> Lunchroom Monitor and Clean-up | Summer Volunteer Opportunities |
| <input type="checkbox"/> After-School Clean-up | <input type="checkbox"/> 4 th of July Parade |
| <input type="checkbox"/> Teacher Treats | <input type="checkbox"/> Teacher Inservice gifts |
| <input type="checkbox"/> Hospitality Committee | <input type="checkbox"/> Teacher Inservice luncheon |
| <input type="checkbox"/> Field Trip Committee | <input type="checkbox"/> Do you have an idea to |
| <input type="checkbox"/> Book Fair Set up and Clean-up | share/help? |
| <input type="checkbox"/> Lawn Care | |
| <input type="checkbox"/> General Maintenance | |
| <input type="checkbox"/> PR/Advertising/Social Media | |

*** This is not a complete list of volunteer needs that we have at SHAPE/LCA, there may be other opportunities for service throughout the year. ***

SHAPE/LCA is asking each family to volunteer for 10 specific volunteer events per student. Choose your specific commitments upon registering or our first schooldays in August. Some committees will have duties beginning before the fall semester starts. If you commit to serving SHAPE/LCA in this 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 potential substitute. **It is our prayer that we will all have a servant attitude and view the co-op as opportunity to bless, serve and partner with each other.**

NOTICE OF NONDISCRIMINATORY POLICY

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

Enrollment Contract:

____ We are enrolling the child listed on page 1 of this contract in Shape/LCA for the **2020-2021 school year**. 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 my student may not begin classes until this paperwork is received.

____ We understand that twelve (12) Volunteer Events per student 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. We know that SHAPE/LCA must pay to have our volunteer events performed by someone else and \$300 will be added to our invoice if we choose not to participate for any reason. Volunteer Events are mandatory or a fee paid.

____ We commit to attend Back to School/Open House/Pizza Party on Monday August 24th from 11:30-1pm. We will meet our child's teachers and review all guidelines, policies & procedures. We will bring supplies from our supply lists at that time. If we do not attend that Monday event, we will meet personally with an administrator on Thursday August 27th from 9-11 am.

____ We will bring everything listed on our child's Class Curriculum & Supply List to the school August 24th or as soon as possible but all will be brought to the school in its entirety before the third week of school.

____ 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/s. 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 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 my 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

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date

Date

PLEASE MAIL THIS PACKET TO:

SHAPE Academy DBA Legacy Christian Academy of Granbury

c/o Tracy Mann

6020 Melrose Circle

Granbury, TX 76049

Please note: We do not use Southside Baptist mailing address for our mail.