

Please complete for your child: Last Name: _____ First Name: _____ Male _____ Female _____ Age: _____ Last grade completed: _____	 LEGACY ACADEMY	<div style="border: 1px solid black; padding: 10px;"> <h1 style="margin: 0;">Legacy Academy</h1> <h2 style="margin: 0;">Student Application</h2> </div>
314 W. Gilson Avenue, De Queen, Arkansas 71832, (870)642-8937 www.legacyacademyonline.com		

Please print or type and return to the office at The Legacy Center, 314 Gilson Avenue, downtown De Queen with a **copy of the child's birth certificate and current immunization record.** Or mail to address above.

I. PERSONAL INFORMATION:

Student's Name			
	Last	First	Middle
First Name Used			
Street Address			
City		State	
Child's Sibling's Name		Date of Birth	
Applying to Legacy?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Child's Sibling's Name		Date of Birth	
Applying to Legacy?	<input type="checkbox"/> yes <input type="checkbox"/> no		

II. PARENT/GUARDIAN INFORMATION

First/Last Name _____	First/Last Name _____
Relationship _____	Relationship _____
Marital Status _____	Marital Status _____
Present Address _____	Present Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Email Address _____	Email Address _____
Employment _____	Employment _____
Work Address _____	Work Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Hours: _____	Hours: _____
Home Church _____	Home Church _____
City/State/Zip _____	City/State/Zip _____

Check ALL that apply, Candidate lives with:
 __Mother & Father __Legal Guardian __Parents separated* __Father deceased __Father __Mother __Parents divorced*
 __Mother remarried __Stepfather __Stepmother __Mother deceased __Father remarried
 *If parents are divorced or separated, to whom should correspondences be sent?
 Name _____ Address _____

III. ACADEMIC INFORMATION

School background of applicant (please include preschool):

Name of School _____ Address _____ Grade(s) _____

Reason for Leaving _____

Name of School _____ Address _____ Grade(s) _____

Reason for Leaving _____

Name of School _____ Address _____ Grade(s) _____

Reason for Leaving _____

Has your child ever failed or repeated a grade? yes no

If yes, please explain: _____

Has your child ever skipped a grade? yes no

If yes, please state the year, school and reason: _____

Has your child ever had discipline or attendance/tardiness problems? yes no

If yes, please explain: _____

What concerns do you have regarding your child's current progress in academics, self-esteem, physical stature, health?

Academic, interests, abilities, strengths:

Has this student ever been tested, diagnosed or enrolled in any special education program? yes no

Please discuss the results and include a copy of the report. _____

What expectation do you have of the education your child will be receiving at Legacy Academy?

Do you as a parent or guardian give permission to Legacy to contact schools previously attended by this child in order to obtain records relevant to your child's educational experience? yes no

Please sign below to indicate your understanding of, and agreement with, the Statement of Faith and Core Beliefs of Legacy Academy, and your willingness to cooperate in having your child educated in accordance with this Christian perspective.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

IV. ADDITIONAL INFORMATION

Please use the space provided below to answer the following four questions. Use a separate sheet of paper if necessary.

- 1. What are your primary reasons for seeking to enroll your child at Legacy Academy?
- 2. Describe your child’s disposition, demeanor, character traits, strengths & weaknesses.
- 3. Describe your goal for your child’s life in relation to development, education, etc?
- 4. Describe your relationship to Jesus Christ & your beliefs regarding the Christian faith.

Mother’s & Father’s Response: 1.

2.

3.

4.

Student’s Questions & Response if 14 or older:

1. Why do you want to enroll at Legacy Academy?

2. What do you hope to gain from or be the result of you being a student at Legacy?

3. What would you describe as your strengths & weaknesses in academics and character?

4. Describe your personal relationship with Christ, if you have one.

V. LEGACY ACADEMY SCHOOL GUIDELINES AGREEMENT

All students and parents are expected to sign this statement of guidelines. For younger children, parents are expected to discuss the guidelines with them.

A STUDENTS ARE EXPECTED TO:

1. Maintain a courteous, grateful, respectful, and cooperative attitude; to exercise restraint, and to freely forgive.
2. Work responsibly and independently in the classroom without unnecessarily distracting others, and walk quietly in the building.
3. Share, take turns, love and serve one another; refrain from teasing, name calling, bad language, pushing, pulling, and fighting while at work or play.
4. Be punctual and regular in attendance, and in all assigned work. Illness, medical appointments, family emergencies, family trips, etc. may be acceptable reasons for absence. Whenever possible, these absences should be prearranged through the school office.
5. Remain in school during entire day unless permission to leave is granted by the office.
6. Remain at home if ill until temperature has returned to normal for a period of 24 hours and/or all signs of contagion are gone. Schoolwork during absence is to be completed as much as possible while student is at home.
7. Dress neatly and modestly; keep body clean and well groomed.

B PARENTS ARE ASKED TO:

1. Foster a courteous, grateful, obedient, cooperative, and forgiving attitude along with proper restraint (self-control) in thoughts, words, actions and attitudes.
2. Nurture habits of punctuality, thoroughness, neatness, honesty, resourcefulness, independent reading and study.
3. Expect completion of all homework daily, making sure all books and completed homework are returned to school the following day.
4. Support school personnel, programs, policies, and activities with prayer and communication; and serve as a volunteer in various capacities, as well as attend any parent meetings held for the school.

C YOU MAY EXPECT YOUR SCHOOL TO:

1. Clarify to all students our expectations, and to commend or correct as occasion demands. To the best of our ability, we will balance justice, mercy, and faithfulness in our dealings with your child (Matt. 23:23).
2. Cooperate with you in every way possible to encourage your child in the development of the above attitudes, habits, and skills.
3. Communicate with you regularly concerning the growth, needs, and accomplishments of your child.
4. Make your child's educational experience as complete, enjoyable, and fulfilling as possible.

I have read the above guidelines and agree to abide by them as a student and support them during my/our child's enrollment at Legacy Academy.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Please communicate to us, in writing, any reservation you may have regarding these guidelines.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Legacy Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.