LEGACY CHRISTIAN ACADEMY

ENROLLMENT FORM

352-477-0405 amywebber@legacychiefland.org www.legacychiefland.org

Student Name: _____

Enrollment Type:

- ☐ PEP - Part Time (Tu/Th, 9am-1pm)
- ☐ Full time enrollment

Grade Entering:

_____

Mandatory Documents due at the time of enrollment:

- ☐ Application Fee
- ☐ Original birth certificate
- ☐ Parent/Legal Guardian Photo ID
- ☐ Immunization Record
- ☐ Florida Physical
- ☐ Power of Attorney/Court Documents
- ☐ Medical Paperwork
- ☐ IEP/504 if applicable

1. Student Information

Student Legal Name: _____ Prefers to be called: _____

Date of Birth: _____ Gender: [ ] Male [ ] Female

Grade Applying for: [ ] K [ ] 1 [ ] 2 [ ] 3

Student Resides With:
[ ] Both Parents [ ] Father [ ] Mother [ ] Other: _____

Home Address: _____City: _____ State: ____
Zip: _____

Primary Parent/Guardian Name: _____

Primary Parent/Guardian Phone: _____

How did you hear about Legacy Christian Academy? _____

Scholarship Applying For: [ ] FTC [ ] FES-EO [ ] FES-UA [ ] Other [ ] Not Applicable

2. **Family Information**

Father/Guardian Name: _____

Employer: _____ Work Phone: _____ Cell: _____

Email: _____

Mother/Guardian Name: _____

Employer: _____ Work Phone: _____ Cell: _____

Email: _____

Marital Status: □ Married □ Divorced □ Single □ Widowed

Church Home: _____ Pastor: _____

3. **Emergency and Health Information**

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have allergies? □ Yes □ No If yes, explain: _____

4. **Academic Information**

Current School/Preschool: _____ Address: _____

City _____Zip _____ Phone: _____

Current Grade: _____ Years Attended _____

Has your child ever been retained? □ Yes □ No If yes, what grade: _____

5. **Student Strenghts & Interests**

Please tell us about your child's strengths, interests, learning style, talents, hobbies, and goals:

_____
_____
_____

6. **Faith Background**

Do you consider your family to be a Christian family? □ Yes □ No

What church do you attend? _____ How often do you attend? _____

Would you like more information about our church? □ Yes □ No

Additional information about your family's faith:

_____
_____

7. **Parent Agreement**

I certify that the information provided is true and complete.

I understand that scholarships are available, but ultimately, the total tuition and fees are the responsibility of the parent/guardian. (Payment plans are available)

I understand submission of this application does not guarantee admission.

Applications will be reviewed and a family interview will be scheduled upon receipt.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____