Legacy Christian Academy

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 & Health Information

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

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

_____

4. Academic Background

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 Strengths & 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. Required Documents

☐ Completed Application

☐ Birth Certificate

☐ Florida Immunization Record

☐ Most Recent Report Card (if applicable)

☐ Application Fee

8. Parent Agreement

I certify that the information provided is true and complete.

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: _____