

*** For Office Use Only ***

Applying for Grade _____

Female _____ Male _____

Academic Year _____

Application Date _____

Fee Received _____



Application for Admission

Legacy Classical Christian Academy

A Distinctive Education Rooted Deeply in History and Scripture

3427 E. Bell Rd. Phoenix, AZ 85032, phone: (602) 923-1402, www.legacyclassicalchristian.org

Please print or type and return to the Legacy Classical Christian Academy office at the above address with a \$75 non-refundable application fee. Enclose copies of applicant's most recent report card(s) and standardized test scores (if applicable).

I. PERSONAL INFORMATION:

Student's Name _____
Last First Middle
First Name Used _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Sibling's Name _____ Date of Birth _____ Present School _____
Applying to Legacy? ☐ yes ☐ no
Sibling's Name _____ Date of Birth _____ Present School _____
Applying to Legacy? ☐ yes ☐ no Referred By? _____

II. PARENT/GUARDIAN INFORMATION

First/Last Name _____	First/Last Name _____
First Name Used _____	First Name Used _____
Relationship _____	Relationship _____
Present Address _____	Present Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Email Address _____	Email Address _____
Occupation _____	Occupation _____
Employment _____	Employment _____
Work Address _____	Work Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Home Church _____	Home Church _____
Church Address _____	Church Address _____
City/State/Zip _____	City/State/Zip _____
Pastor's Name _____	Pastor's Name _____

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 Classical Christian Academy?

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

Parental Signature

Please sign below to indicate your understanding of, and agreement with, the Statement of Faith and Core Beliefs of Legacy Classical Christian 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. SPIRITUAL INFORMTION

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 Classical Christian Academy?
2. Who according to your understanding is Jesus Christ?
3. What do you believe concerning the death and resurrection of Jesus Christ?
4. Describe your relationship to Jesus Christ.

Father's Response:

1. _____

2. _____

3. _____

4. _____

Mother's Response:

1. _____

2. _____

3. _____

4. _____

V. LEGACY CLASSICAL CHRISTIAN 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; and keep body clean, and well groomed.

B PARENTS ARE ASKED TO:

1. Foster a courteous, grateful, obedient and 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.

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 Classical Christian Academy.

Student's Signature _____ Date _____

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

The Legacy Classical Christian 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.