



LEGACY

CHRISTIAN SCHOOL

2772 SIMONS DR NW | SUGARCREEK, OH 44681 | 330.852.4322

Dear Parent,

It is always encouraging when parents desire a sound, Christian, educational experience for their children. At Legacy Christian School, we endeavor to provide that opportunity to every family we serve.

Our vision is to transform communities through Kingdom education. We believe Kingdom education is a Christ-centered form of education that firstly teaches students to strive to be like Christ. We strive to use our core values to shape our academic product. Our core values are listed below:

- Christ-Centered: "Christ is the center our individual lives and our institution's cause. We put on Jesus by living with integrity, humbly esteeming others above ourselves, and loving selflessly."
- Discipleship: "We disciple by building relationships rooted in God's love, holding one another accountable in our work and relationships, and fostering holistic growth in one another."
- Responsibility: "We show responsibility by treating everyone we encounter with respect, showing consistency in our work, and practicing self-awareness in our relationships with others."
- Compassion: "We display compassion by showing kindness through our words and actions, practicing service by providing for others, and generously giving of our resources and time."
- Empowerment: "We empower ourselves and each other by cultivating undying curiosity, offering genuine encouragement, and championing academic excellence."

We hope you will join us on our mission of transforming communities through Kingdom education!

The process for admission is simple:

1. Read the Parent & Student Handbook in its entirety
2. Fill out and submit an application for admission, along with requested records.
3. Schedule a tour of the LCS campus if desired (not necessary for application)
4. Wait for notification of acceptance

Legacy Christian School requires a pastoral reference, a statement of personal faith, and an affirmation of active membership in good standing at a local church which maintains a doctrinal position compatible with the doctrine and practice of Legacy Christian School. We invite you to prayerfully consider furthering your student's education at LCS. Thank you for considering us as a partner in your child's education.

Zac Miller

Principal/Administrator

Family Application for Admission

Father's Full Name _____ Date of Birth _____

Father's Cell Phone _____ Father's Email _____

Employer _____ Occupation _____

Churches Attended _____

Schools Attended _____

Highest Grade Completed _____ Number of years of college _____

Mother's Full Name _____ Date of Birth _____

Mother's Cell Phone _____ Mother's Email _____

Employer _____ Occupation _____

Churches Attended _____

Schools Attended _____

Highest Grade Completed _____ Number of years of college _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Please list the names and birthdates of each of the children living in your home.

- | | | | |
|----|------------|-----------|-----------------------|
| 1. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 2. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 3. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 4. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 5. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 6. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 7. | Name _____ | DOB _____ | Enrolling at LCS? Y N |
| 8. | Name _____ | DOB _____ | Enrolling at LCS? Y N |

Transportation

Are you requesting bus transportation for your students? _____ If yes, are there any special directions or information we should know when planning the bus route? _____

**Please note that due to bus route limitations, we cannot guarantee a drive-way pickup. We may need to provide you with a bus stop alternative closest to your location.*

Church

Please give the name of the local church which you currently attend _____

Our family attends church: Never _____ Rarely _____ Occasionally _____ Weekly _____

Pastor's Name _____ Phone _____

☐ *I have given a copy of the Pastor Reference Form to our pastor and asked him to complete and return it to the LCS office.*

(parent initial) _____

Statement of Faith and Values

Father: In the space provided, please give your personal statement of faith in Jesus Christ. *(If father is not available, the mother or guardian should make this statement of faith.)* _____

In your own words, please state your view on the role of Christian education in your child's life as well as the desired outcome of their education *(e.g. academic, personal, character, practical life skills)* _____

Please state your reasons for choosing Legacy Christian School, and how you see our core values supporting the goals and abilities you identified above. _____

Media/Electronics

Please describe the parental controls and policies you currently have in place regarding your child(ren)'s use of electronics, media usage, and internet in your home. _____

Please describe the role that reading books orally or silently has in your home. _____

Student Application for Admission

Please complete one of these forms for each student you are enrolling

Student's Legal Name _____ Date of Birth _____
Goes by _____ Age _____ Gender _____
Student's Cell Phone _____ Student's Email _____
Father's Name _____ Mother's Name _____

Academic Information

1. Grade to enter _____ at LCS for school year _____
2. Last school student attended: _____
Last school's office contact (*if known*): _____
☐ I authorize LCS to reach out to student's previous school for the release of school records upon acceptance of this application.
(parent initial) _____
☐ If possible, include a transcript of the student's previous school work, or copies of their current report card in order that we can make an accurate placement. (*In many cases we will ask that your student completes a placement test in some subjects prior to grade placement.*)
3. Has student ever repeated a grade? _____ If yes, which grade? _____
4. Does the student have a learning disability or limitation which may require special professional assistance? _____
If yes, please explain: _____

5. Has student ever been ejected, suspended, or moved from a school? _____ If yes, please give the school name, date, and cause of action: _____

6. Has the student ever been under the supervision of a parole officer, or under the jurisdiction of a juvenile court? _____
If yes, on a separate piece of paper give the full name and address of the judge or probation officer involved.

For Students as appropriate...

1. Has student made a confession of faith? _____
2. Is student a church member? _____ If yes, where? _____
3. How often does student attend church? Weekly _____ Monthly _____

Medical Release Form

Please complete one of these forms for each student you are enrolling

Student Name _____ Date of Birth _____

Immunization Records Please choose one of the following options:

- ☐ I have included a copy of our child's immunization records to keep on file.
- ☐ Our child does not have immunization records, due to an exemption of good cause, and I have completed the attached exemption document.

Allergies/Intolerances Please list all your student's allergies to medications, insects, food, etc.

_____ (EpiPen? Y N)

Health Action Plan

Please circle (**Yes or No**) My child has a known medical condition which requires prescribed medication, major restrictions, and/or additional training for the staff in case of emergency.

If yes, briefly describe the condition _____

By circling yes above, I am asking the office to send me a copy of a Health Action Plan form to complete and keep on record.

Over-the-Counter Medications

As a parent/guardian of a student in Legacy Christian School, I realize that I will not always be available in times of medical needs. Therefore, I am authorizing the school staff to administer the following medications when they deem best for the health and well-being of my child. I understand that any of the below listed procedures I do not initial will not be carried out by the staff without my permission.

The following over-the-counter medications will be available to your student. All OTC medication dosages will be administered according to the manufacturer's recommendations on the label unless otherwise indicated by a physician. (Generic substitutions may be used for listed medications.)

Please INITIAL next to the medication(s) you give permission to be administered to your student.

_____ Tylenol/Acetaminophen

_____ Pepto-Bismol/Immodium

_____ Advil/Ibuprofen

_____ Robitussin/Cough Medicine/Cough Suppressant

_____ Benadryl/Antihistamine

_____ Cough Drops

_____ Sudafed/Decongestant

_____ Dramamine/Bonine/motion sickness prevention

_____ Tums/Antacids

_____ Vitamin C (250g gummies)

If I am not available by phone, I give the staff permission to call emergency personnel to take my child to the hospital to do whatever medical procedures are deemed best by the medical staff. (parent initial) _____

If my child must go to the hospital, I prefer my child be taken to:

_____ Union Hospital, Dover, Ohio

_____ Joel Pomerene, Millersburg, Ohio

_____ Other _____

Family Doctor _____ Phone _____

I have read and agree with the above statements.

Parent/Guardian Signature _____ Date _____

State Of Ohio Legal Immunization Exemption Form

Per OHIO STATUTE 3313.671 (EXEMPTIONS)

Only to be completed if your child does not have immunization records.

Student Name: _____

School: _____

Legal Parent/Guardian: _____

Please INITIAL

I hereby withdraw my consent to have my child immunized against the following:

_____ TDaP (Diphtheria, Pertussis, Tetanus)

_____ Meningitis

_____ MMR (Measles, Mumps, Rubella)

_____ Hepatitis B

_____ Polio

_____ Varicella (Chicken Pox)

This request is in accordance with the OHIO PURVIEW for EXEMPTION of GOOD CAUSE, INCLUDING RELIGIOUS CONVICTIONS, MEDICAL REASONS, or REASON OF CONSCIENCE.

Please Select One:

☐ **Religious Reason** – Please Name your Denomination: _____

☐ **Medical Reason** – Please include a signed statement from your physician stating the condition.

☐ **Reason of Conscience** – Please explain: _____

I further understand that during the course of an outbreak of any of the vaccine preventable diseases mentioned above that the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

(parent initial) _____

TO BE FILED AS LEGAL PROOF OF OUR OBJECTION WITH OUR CHILD'S SCHOOL HEALTH RECORD.

Parent/Guardian Signature _____ Date _____

Pastoral Reference Form

Dear Pastor,

The _____ family is applying for admission to Legacy Christian School. We ask you as their pastor to complete this form so that we can determine the prospective student's suitability for admission to LCS. Please give a frank and honest evaluation. Your complete cooperation will be greatly appreciated. If the prospective student is your son or daughter, please ask another pastor to complete this form.

Is this family a member of the church? _____ Do they attend regularly? _____
How long have they been attending? _____

Please describe the family's involvement and commitment to the church: _____

Please describe the students' involvement in the church (Do they attend Sunday school, junior youth group, etc.?)

Please comment briefly on the profession of faith and practice of the family: _____

How would you describe the family's home relationships based on your observations? _____

Are there personal or emotional challenges that the school should be aware of? _____

Continued on next page.

Would you recommend this family for admission to Legacy Christian School? _____

Any additional comments you think would be helpful: _____

Pastor's Contact Information

Name _____ Email _____

Address _____

Congregation _____ Phone _____

Please return this form promptly to:

Legacy Christian School

2772 Simons Dr NW | Sugarcreek, OH 44681

Or email to office@legacychristian.school

Financial Responsibility Form

School Financial Policies

1. The school receives NO government money.
2. Income includes:
 - a. Gifts from interested parties
 - b. Student tuition
 - c. Fundraiser proceeds
 - d. SGO Funds
3. All financial records of the school are open for public inspection.
4. No officer of the school board receives any money from the school.

Financial Agreement *(please initial)*

_____ As a parent wishing to enroll my child in Legacy Christian School, I understand that I am required to pay student tuition and participate in all fundraisers organized by the school.

_____ I understand that if I fall more than two months behind in my tuition, a representative of the school board may meet with me to discuss my options. If no satisfactory conclusion has been reached within the next month, I will voluntarily withdraw my child from school.

_____ I understand the importance of SGO funding, and I commit to contributing as I am able.

_____ I have read and understand my financial obligation as a patron of Legacy Christian School.

Parent/Guardian _____ Date _____

Admissions Agreement

In requesting to enroll our child(ren) at Legacy Christian School, we are agreeing to comply with all of the following affirmations: *(please initial)*

_____ I have read the LCS Parent & Student Handbook in its entirety and agree to require my child(ren) to comply with all the standard, rules, and commitments contained in the handbook and commit to uphold the handbook as established by LCS.

_____ I agree to delegate the LCS administration the authority for the discipline of my child(ren) while they are on school campus, and agree that the school administration shall have full discretion in exercising that discipline.

_____ I agree that the school administration shall have full responsibility for grade placement of our child(ren) at LCS.

_____ I grant permission for my child(ren) to be photographed and/or videotaped during normal activities and special events. These photos/videos may be used in school publications, public print, social media, advertising, and/or the website.

_____ I grant permission for my child to take part in school activities including sports and school sponsored trips away from school premises and authorize school transportation to and from these events.

_____ I understand that LCS will take due precautions to avoid personal injury to any student, but LCS will not be liable for injuries to children while at school nor while children are traveling with any form of school transportation.

_____ I consent to receiving text messages from LCS (330-852-4322).

_____ I consent to LCS creating an email address and Microsoft suite account for my student in High School.

_____ I agree to faithful and timely fulfillment of our financial obligations to the school and to support the school through prayer, participation in parent meetings, and other activities whenever possible.

Signature of Father/Legal Guardian _____ Date _____

Signature of Mother/Legal Guardian _____ Date _____

Checklist for LCS Application:

- ☐ Family Application (2 pages)
- ☐ Student Application (one for each student)
- ☐ Medical Release Form (one for each student)
- ☐ Immunization Records or Exemption Form (one for each student)
- ☐ Pastoral Reference Form (given to the pastor who will submit to LCS office)
- ☐ Financial Responsibility Form
- ☐ Admissions Agreement Form
- ☐ Read Complete Handbook

Please submit application to the LCS office by dropping off or mailing a paper copy of the application or by scanning and emailing to office@legacychristian.school