



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.

Legacy Christian School is a place where we attempt to challenge our students in all areas of life. We see this as fulfilling our goal of graduating students with a heart to serve in their community in a way that will bring honor and glory to our God. We do this by nurturing a heart for world missions, coupled with a strong commitment to academic excellence in subjects that lend themselves to practical knowledge.

There are four areas of emphasis that you will find at LCS. They are:

- Academic Excellence. Our commitment is to help students reach excellence by nurturing a spirit of teamwork and cooperation between the staff and the student body, thus creating an atmosphere where students are enthusiastic and eager to learn.
- Spiritual Development. We desire to ignite in each student's heart a passion for being a committed disciple of Jesus Christ, and to find the joy that comes from being fully surrendered to His will for their lives. It is our commitment to create an atmosphere that challenges and stretches students to grow spiritually while becoming more aware of the needs in the world around them.
- Music Appreciation. We place a high emphasis on choral music and strive to create an appreciation for music by making it an integral part of the student's experience, beginning in elementary school and continuing through graduation.
- Anabaptist Worldview. We teach and conduct our school through the eyes of twenty-first century Anabaptists; we encourage our students to see the global Christian community as their brothers and sisters in Christ. We strive to help students develop a cultural and historical awareness of the world and the country in which we live.

Please find enclosed a handbook for your information. We invite you to make an appointment to visit while the school is in session. 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. Come in for an interview (*for students entering after 1<sup>st</sup> Grade*)
4. Wait for notification of acceptance
5. Submit medical records
6. Attend parent orientation

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 \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Churches Attended \_\_\_\_\_

Schools Attended \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Number of years of college \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Churches Attended \_\_\_\_\_

Schools Attended \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Number of years of college \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

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

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

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 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 give the name of the local church which you currently attend \_\_\_\_\_

Our family attends church: Never \_\_\_\_\_ Rarely \_\_\_\_\_ Occasionally \_\_\_\_\_ Weekly \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your reasons for wanting to send your child(ren) to Legacy Christian School. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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 \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

*For Students in Grade 8 or above...*

Is student a church member? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How often does student attend church? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

## Academic Information

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.

Grade to enter \_\_\_\_\_ for school year \_\_\_\_\_

Last school student attended: \_\_\_\_\_

Has student ever repeated a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Does the student have a learning disability or limitation which may require special professional assistance? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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.

# Medical Release Form

*Please complete one of these forms for each of your students.*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## IMMUNIZATION RECORDS

Please include a copy of your child's immunization records to keep on file.

If your child does not have immunization records, due to an exemption of good cause, including religious convictions, please complete the attached exemption document.

ALLERGIES/INTOLERANCES *Please list all of your student's allergies to medications, insects, food, etc.*

\_\_\_\_\_ (EpiPen? Y N)

Other medical conditions/concerns: \_\_\_\_\_

As a parent/guardian of a student in Legacy Christian School, I realize that I will not always be available in times of medical emergencies. Therefore, I am authorizing the school staff to administer the following procedures 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 medications listed.

Please review the list and 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

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.

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 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# STATE OF OHIO LEGAL IMMUNIZATION EXEMPTION

Per OHIO STATUTE 3313.671 (EXEMPTIONS)

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

Student: \_\_\_\_\_

School: \_\_\_\_\_

LEGAL PARENT(S)/GUARDIAN(S): \_\_\_\_\_

I hereby withdraw my consent to have my child inoculated. Our beliefs prohibit such practices. This request is in accordance with the OHIO PURVIEW for EXEMPTION of GOOD CAUSE, INCLUDING RELIGIOUS CONVICTIONS.

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

I understand that, in the event of an outbreak of any disease checked above, the student named above will be subject to exclusion from school for the duration of the outbreak. Unless provided a statement, signed by a physician, verifying the student has had the disease in question, the student cannot attend school until at least two weeks after the last reported case occurs. A physician diagnosed history or disease is accepted for measles and mumps only. A positive laboratory test is the only acceptable proof of having had rubella.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This document must be kept on file with the above student's permanent health record.



## Parent Authorization for Release of School Records

*Only to be completed if your child is transferring from another school.*

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following student has registered with Legacy Christian School as of \_\_\_\_\_.

Please send his/her/their records to LCS, including grades, standardized test scores, psychological records, speech, dental, health and immunization records, and any other information which may help us better serve the student(s).

Student Name(s)	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your cooperation.

I hereby authorize the release of all records for the above named student(s):

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or email records to:

Legacy Christian School  
2772 Simons Dr NW  
Sugarcreek, OH 44681  
330-852-4322  
office@legacychristian.school

# 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? \_\_\_\_\_

What are your observations concerning their home relationships? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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](mailto: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
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

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 the school.

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:

1. 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.
2. 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.
3. I agree that the school administration shall have full responsibility for grade placement of our child(ren) at LCS.
4. 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.
5. I grant permission for my child to take part in school activities including sports and school sponsored trips away from school premises.
6. 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 to or from school.
7. I consent to receiving text messages from LCS (330-852-4322).
8. 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)
- Authorization for Release of School Records
- Pastoral Reference Form
- Financial Responsibility Form
- Read Complete Handbook