

Please complete for your child:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_

School Year for which applying: \_\_\_\_\_



# Legacy Academy

## Student Application

Post Office Box 409 De Queen, Arkansas 71832, (870)642-8937 [www.legacyacademyonline.com](http://www.legacyacademyonline.com)

Please print or type and return to the office at The Legacy Center, 319 Gilson Avenue, downtown De Queen with a copy of the child's birth certificate, current immunization record and a \$65 non-refundable application fee. It can be mailed to the PO Box listed above.

### I. PERSONAL INFORMATION:

Student's Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Name Used

\_\_\_\_\_

Date of Birth

Street Address

City

State

Zip

Child's Sibling's Name

Date of Birth

Present School

Applying to Legacy?  yes  no

Child's Sibling's Name

Date of Birth

Present School

Applying to Legacy?  yes  no

### II. PARENT/GUARDIAN INFORMATION

First/Last Name

First/Last Name

Relationship

Relationship

Marital Status

Marital Status

Present Address

Present Address

City/State/Zip

City/State/Zip

Home Phone

Home Phone

Email Address

Email Address

Employment

Employment

Work Address

Work Address

City/State/Zip

City/State/Zip

Work Phone

Work Phone

Home Church

Home Church

City/State/Zip

City/State/Zip

Check ALL that apply, Candidate lives with:

Mother & Father  Legal Guardian  Parents separated\*  Father deceased  Father  Mother  Parents divorced\*  
 Mother remarried  Stepfather  Stepmother  Mother deceased  Father remarried

\*If parents are divorced or separated, to whom should correspondences be sent?

Name \_\_\_\_\_ Address \_\_\_\_\_

**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 Academy?

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

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

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

Parental Signature

Please sign below to indicate your understanding of, and agreement with, the Statement of Faith and Core Beliefs of Legacy 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. ADDITIONAL INFORMATION

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 Academy?
2. Describe your child's disposition, demeanor, character traits, strengths & weaknesses.
3. Describe your goal for your child's life in relation to development, education, etc?
4. Describe your relationship to Jesus Christ & your beliefs regarding the Christian faith.

**Father's Response:** 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother's Response:** 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. LEGACY 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; keep body clean and well groomed.

### B PARENTS ARE ASKED TO:

1. Foster a courteous, grateful, obedient, 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, as well as attend any parent meetings held for the school.

### 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 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

Legacy 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.