

ENROLLMENT CONTRACT

STUDENT INFO:

First Name _____ Middle Name _____

Last Name _____ Suffix _____ Date of Birth _____

Please Circle All That Apply:

Gender: Male / Female **Ethnicity:** White / Hispanic / Black / American Indian / Other

Grade Level: K-3 / K-4 / K-5 / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th / 9th / 10th / 11th / 12th

Social Security Number: _____ **Student Email:** _____

Student Physical Address: _____

Names and Relationship of People Approved to Check-out/Pick-up the Student:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Student Rider/Driver: Will this child be driving on campus or riding with another student? Yes / No

Please List Any and All Medical Issues that Apply to this Student (ex. Asthma, Bee/Wasp Reaction, Diabetes, Epilepsy, Hay Fever, Heart Trouble, Physical Handicap, Dizziness, Fainting, Respiratory Problems, etc...) _____

Prescribed Medications: Does your child need any Prescribed Medication Administered at School? (circle one) Yes / No

Allergies: Does your child have any serious or life-threatening allergies? Yes / No

Physician/Pediatrician: Please provide us with the name and phone number of your child's doctor or pediatrician. Name: _____ Phone: _____

Emergency Contacts: Please provide us with the name and number of three emergency contacts for your child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PARENT/GUARDIAN INFO: (Custodial Parent/Guardian, if shared custody please indicate.)

Mother (Other: _____)

First & Last Name: _____ Phone (Home): _____

Phone (Cell): _____ Phone (Work): _____

Email Address: _____

Mailing Address: _____

Vocation: _____ Employer: _____

Custody: Sole / Shared / Not Applicable **Responsible for Payment?** Yes / No **Access to Schoolworx** Yes / No

Father (Other: _____)

First & Last Name: _____ Phone (Home): _____

Phone (Cell): _____ Phone (Work): _____

Email Address: _____

Mailing Address: _____

Vocation: _____ Employer: _____

Custody: Sole / Shared / Not Applicable **Responsible for Payment?** Yes / No **Access to Schoolworx** Yes / No

I hereby wish to enroll my child into the _____ grade class of Legacy Christian Academy for the 2019-2020 school year and further agree to and will abide by the following terms and conditions of enrollment:

1. The tuition fee schedule for the 2019-2020 school year will be as follows:

GRADE:	TUITION	REGISTRATION FEE: (Yearly, <u>non-refundable fee</u> includes book fees, student insurance, technology fees, etc...
K3 - 8th	(1 st Child) \$2,640 (\$220.00/month June 1 through May1)	<input type="checkbox"/> \$400 with this signed agreement <input type="checkbox"/> \$200 with this signed agreement and \$200 due May 31 st = \$400 <ul style="list-style-type: none"> There is a \$35.00 Testing Fee for any NEW students applying to LCA Any student taking Biology I or Biology II will be required to pay an additional fee of \$25.00 PER SEMESTER to cover dissection and consumable lab materials. (Student/Parent will be notified once the student schedule is complete). Please pay Registration Fees with a separate check. <u>(Registration fees are non-refundable and must be paid in full by May 31st)</u> There is a \$100.00 withdrawal fee for student withdrawn during school year.
9th-12th	(1 st Child) \$2,760 (\$230.00/month June 1 through May 1)	
A Sibling Discount of 10% per additional sibling will be applied to overall Tuition Cost		

Office use only: Payment _____ Cash/Chk# _____ Date _____
 Payment _____ Cash/Chk# _____ Date _____
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The Tuition Fee shall be paid in full by registration, or in twelve (12) equal installments, June through May. All tuition must be paid in full on or before May 18, 2020. A late fee of \$15.00 shall automatically apply to the outstanding balance after the installment payment deadline of the tenth of each month. Any payments required pursuant to this Agreement that are not made in a timely fashion will result in the student's being dismissed from school until the delinquency is cured. **ACCOUNTS NOT PAID BY THE END OF THE MONTH WILL RESULT IN DISMISSAL FROM CLASS UNTIL THE ACCOUNT IS MADE CURRENT.**

2. The enrollment shall be binding upon the parent(s) for the full tuition fee at date of execution. A student entering Legacy Christian Academy after October 31, 2019, shall pay a tuition fee based on a proration of the total 2019-2020 fee, plus the registration fees.

- Registration must be paid in full by May 31st to guarantee students' position in class.
- Please note registration or tuition on check.
- There is a \$25.00 returned check fee.

Legacy Christian Academy reserves the right to suspend, expel, or exert appropriate disciplinary action related to the student as deemed necessary.

Legacy Christian Academy does not discriminate with regard to race, color, religion, ethnic origin, or gender.

This Contract is contingent upon the student’s academic, social, and behavioral progress and is not binding on the Academy in the event the school does not invite the student to return or dismisses the student during the school year.

The Board of Directors shall set forth the by-laws, rules and regulations, and operating policies of Legacy Christian Academy and all decisions by the Board of Directors shall be final.

I have read and accept the terms and conditions set forth in the Enrollment Contract and agree to full compliance of this binding agreement. No transcripts or report cards of any kind will be transferred until all financial obligations have been met.

SIGNATURE OF PARENT/ GUARDIAN _____ **Date:** _____

SIGNATURE OF PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS

Signature _____ **Printed Name** _____ **Date:** _____

Signature _____ **Printed Name** _____ **Date:** _____

Witnessed By _____ **Printed Name** _____ **Date:** _____

Signature must be witnessed

PICTURE CONSENT: Circle all that you give consent for: Website Facebook Commercial

Please write any other pertinent information that you feel that we should know regarding your child: (ex. Learning Disabilities, Behavioral, Social or Psychological Issues, etc...)

APPLICANT'S PREVIOUS SCHOOL (if applicable)

Student Name _____

Name of Previous School _____

Grade Last Attended _____

School Telephone (____) _____ **School Fax** (____) _____

I hereby authorize you to release my child's school records to Legacy Christian Academy. I understand that any information you release will be confidential between the sending school and Legacy Christian Academy.

Parent's Signature _____ **Date** _____

To the School Principal or Director:

The child listed above has applied/enrolled to Legacy Christian Academy. Please send us the candidate's official transcript, including current school reports, standardized tests, a completed Confidential School Report, copy of birth certificate, immunization records, and any other relevant information. Should you need any further information, please contact the school office at 843-717-3107.

Thank you.

Our mailing address is as follows:

Legacy Christian Academy
P.O. Box 1166
Ridgeland, S.C. 29936
Fax (844) 272-5885