

**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-5 / 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup> / 6<sup>th</sup> / 7<sup>th</sup> / 8<sup>th</sup> / 9<sup>th</sup> / 10<sup>th</sup> / 11<sup>th</sup> / 12<sup>th</sup>

**Social Security Number:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**Student Physical Address:** \_\_\_\_\_

**Student Rider/Driver:** Will this child be driving on campus or riding with another student? Yes / No  
(If yes, Driver/Rider Permission forms must be completed.)

**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

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**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 2021-2022 school year and further agree to and will abide by the following terms and conditions of enrollment:

1. The tuition fee schedule for the 2021-2022 school year will be as follows:

GRADE:	TUITION	REGISTRATION FEE: (Yearly, <u>non-refundable fee</u> )
<b>K - 8<sup>th</sup></b>  Check one:	<input type="checkbox"/> \$300/month	( ) \$400 with this signed agreement  <ul style="list-style-type: none"> <li>There is a <b>\$35.00 Testing Fee for any NEW students</b> applying to LCA</li> <li>Any student taking a Lab Science will be required to pay an additional fee of <b>\$25.00 PER SEMESTER</b> to cover dissection and consumable lab materials. (Student/Parent will be notified once the student schedule is complete).</li> <li>There is a \$100.00 withdrawal fee for student withdrawn during school year.</li> </ul>
<b>9<sup>th</sup>-12<sup>th</sup></b>  Check one:	<input type="checkbox"/> \$300/month	
<b>A Sibling Discount of 10% per additional sibling will be applied to overall Tuition Cost</b>		

Office use only:      Payment \_\_\_\_\_      Cash/Ck# \_\_\_\_\_      Date \_\_\_\_\_  
                                  Payment \_\_\_\_\_      Cash/Ck# \_\_\_\_\_      Date \_\_\_\_\_

The Tuition Fee shall be paid in full by registration, or in twelve (12) equal installments, **June through May** or (9) equal installments, **August through April**. All tuition must be paid in full on or before May 15, 2022. A **late fee of \$15.00** shall automatically apply to the outstanding balance after the installment payment deadline of the 10<sup>th</sup> 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 15<sup>TH</sup> 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 September 30, 2021, shall pay a tuition fee based on a proration of the total 2021-2022 fee, plus the registration fees.

- Registration must be paid in full when Enrollment Contract is submitted to guarantee students' position in class.
- There is a **\$35.00 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 PARENT/GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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**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  
2576 Bees Creek Rd.  
Ridgeland, S.C. 29936  
Fax 843-962-5811  
Email: office@lcaofridgeland.org

**STUDENT PICK UP AUTHORIZATION**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Please list persons who are authorized to pick up child(ren):**

<b>Name:</b>	<b>Relationship to child:</b>	<b>Phone:</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Cooperation Statements

I have read and do hereby agree, support and understand all the school policies and rules written therein.

I agree to:

1. Support the school’s discipline policy.
2. Support the school in enforcing all the rules and policies noted in the School Handbook.
3. Inform the school if my child has been tested for any type of exceptionality.
4. Read the school’s Parent/Student Handbook, the Discipline Policy and uphold the teachers and administration in all rules and regulations.
5. Recognize the school’s right to dismiss any student who does not respect its spiritual standards or cooperate in the education process.
6. Abide by all financial agreements.
7. Respect the administrator’s responsibility for placing the student in the proper grade and classroom.
8. Follow proper channels as outlines in the grievance procedure if I should disagree with the actions of any school employee.

A critical or uncooperative attitude by a student or parent should not be displayed at LCA. If an attitude of Christian humility and cooperation is not possible by either student or parent, the student will be subject to dismissal. Should a child not respond favorably to the academy for any reason, the parent(s) should not try to change the academy to fit their needs but agree to quietly withdraw.

Legacy Christian Academy reserves the right to dismiss any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the Christian principles of the academy or is engaged in behavior or lifestyle inconsistent with Bible guidelines. It should be noted that at the end of each school year the administrative staff is given the opportunity to recommend students who should not be invited back for the upcoming year.

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**Statement of Cooperation**

I have read and understand the policies of Legacy Christian Academy as stated in the Parent/Student Handbook and the Discipline Policy. I agree to cooperate with the teachers and administrators of Legacy Christian Academy.

\_\_\_\_\_  
Parent’s/Guardian’s Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s/Guardian’s Printed Name

\_\_\_\_\_  
Academy Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academy Student’s Printed Name

\_\_\_\_\_  
Homeroom Teacher’s Name / Grade Level

\_\_\_\_\_  
Date

\*\*\*This form must be signed and returned to the homeroom teacher\*\*\*

**COVID-19 WAIVER**

Due to the COVID-19 pandemic Legacy Christian Academy has been exploring different and reasonable ways to provide services to all students. The school has worked with state and local agencies, to draft and implement guidelines moving forward regarding cleaning, screening, social distancing, etc. Though the school and its agents will work hard to implement and abide by those guidelines, neither the guidelines themselves nor even guidance from the Centers for Disease Control and Prevention (“CDC”) would allow Legacy to guarantee an environment that is entirely free of COVID-19 related risks.

By allowing your child to return to campus, however, you acknowledge and understand that your child’s attendance will require him/her to interact physically with staff members, other students, and even volunteers. As such, despite reasonable mitigation efforts on behalf of the school, physical interaction with the public at large may pose some unavoidable risks to you, your child, and your family due to the COVID-19 pandemic. With that, you further acknowledge and agree to the following:

1. **Waiver and Release.** You hereby release and forever discharge and hold harmless the school and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of the school) from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child’s return to campus and/or participation in activities associated with the school. You understand that this release discharges Legacy Christian Academy from any liability or claim that you may have against the school with respect to COVID-19.
2. **Assumption of Risk.** You further understand that your child’s return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such, you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release the school and its agents (any employee, client, agent, owner, shareholder, board member, or any other representative of the school) from all liability for injury, illness, or other issue resulting from or in any way related to your child’s return or participation.

**BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE-TERMS AND CONDITIONS.**

\_\_\_\_\_  
**Your Child’s Printed Full Name\***

\_\_\_\_\_  
**Your Printed Full Name**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Signing**



**LEGACY CHRISTIAN ACADEMY**

**2021/2022 PERMISSION TO DRIVE ONTO CAMPUS & RELEASE OF CLAIMS**

**Permission to drive onto campus is a privilege that Legacy Christian Academy may revoke at any time in its sole discretion.** The student must comply with all policies and regulations, including those printed in the LCA Handbook.

**PARENTAL PERMISSION AND RELEASE OF CLAIMS:** My child has permission to drive onto campus. By agreeing to permit my child to drive onto campus, I am also agreeing to release the school from all claims that might arise out of my child’s driving. This release includes claims for injury or damage, except when caused by the willful misconduct or sole negligence of Legacy Christian Academy. The “School” shall mean Legacy Christian Academy, Inc. and includes its teachers, employees, sponsors, chaperones, students, parents, and volunteers. **I understand, on behalf of my child and myself, I am giving up claims for injury and loss and that I am giving up the right to sue for, among other things, negligence and bodily injury.**

**Date:** \_\_\_\_\_

Signature of Parent

Parent’s Printed Name

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**Proof of Driving and Financial Responsibility:**

**Please provide a copy of your driver’s license and current insurance card.**

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Driver’s License # \_\_\_\_\_

Automobile(s): \_\_\_\_\_

Year	Make	License #	Registration #	Color
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Year	Make	License #	Registration #	Color
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Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

Coverage/Limits: \_\_\_\_\_

Bodily Injury

Property Damage

Policy Expiration Date: \_\_\_\_\_

Driver/Rider Permission Form

I hereby give my permission for \_\_\_\_\_

(Student Name)

to ride with another Legacy Christian Academy student by private automobile.

Other Student Driver #1 \_\_\_\_\_

Other Student Driver #2 \_\_\_\_\_

Other Student Driver #3 \_\_\_\_\_

Parent Signature \_\_\_\_\_

**OR:**

I hereby give my permission for \_\_\_\_\_

(Student Name)

to drive other Legacy Christian Academy student/s.

Other Student Rider #1 \_\_\_\_\_

Other Student Rider #2 \_\_\_\_\_

Other Student Driver #3 \_\_\_\_\_

Parent Signature \_\_\_\_\_

School personnel are PROHIBITED from arranging rides for anyone!

**PICTURE CONSENT FORM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle (Yes or No)

I give permission for my child's picture to be posted on:

SCHOOL FACEBOOK PAGE (public)    yes    no

SCHOOL FACEBOOK GROUP (private)    yes    no

SCHOOL WEBSITE (public)    yes    no

CLASS FACEBOOK GROUP (private)    yes    no

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_