



107 E. Will Rogers Blvd.
Phone: (918) 342-1450 • Fax: (918) 341-8193 • www.lcsclaremore.org

Application for Admission

NOTE: This application does not assure final enrollment, but provides information upon which a decision will be based. If application is accepted, it will be necessary to arrange for your tuition payment. **YOUR ENROLLMENT FEE MUST ACCOMPANY THIS APPLICATION.** If applicant is accepted, the only basis for a refund of the enrollment fee is the relocation of the family to an area that is not within reasonable distance to Legacy Christian School. **If a student leaves prior to the completion of the semester, the balance of the tuition is owed upon withdrawal.** Legacy Christian School does not discriminate on the basis of sex, race, color, or national/ethnic origin.

OFFICE USE ONLY:	
Date _____	Received: _____
Grade: _____	
Fee Paid: _____	
Transcript Requested: _____	
Transcript Received: _____	
Health Record: _____	
Birth Certificate: _____	

Student: _____
(Last) (First) (MI)

Home address: _____ Phone: _____

City: _____ Zip: _____ Cell: _____

Email: _____ DOB: _____ Gender: _____

Place of birth: _____ Application for grade: _____

Previous grade completed: _____ SSN: _____

Family Information:

Father: _____ Occupation: _____

Employer: _____ Business phone: _____

Mother: _____ Occupation: _____

Employer: _____ Business phone: _____

If both parents are not living in the home, please explain the family situation: _____

Other Children in Family:

(Name)	(Age)	(School attending)
(Name)	(Age)	(School attending)
(Name)	(Age)	(School attending)
(Name)	(Age)	(School attending)

Church attending: _____ Members? _____

Public school district in which you reside: _____

Name of last school attended: _____ Phone: _____

Address of school: _____

State: _____ Zip: _____

Why do you want your child to attend Legacy Christian School?

Ethnicity: Caucasian American Indian African American Hispanic
 Asian Other

Has your child ever had individualized educational testing administered by a psychometrist? Yes No

If so, when and where? _____

Has your child ever been enrolled in a special services class such as speech therapy, occupational therapy, etc.? Yes No

If so, when and where? _____

Other than parents, indicate in order of preference the persons to be contacted in case of emergency.

Emergency Contact	Telephone Number(s)	Relationship to Student	Address

Physician Name	Telephone Number	Address

Dentist Name	Telephone Number	Address

Condition of Health: _____

Does the child have any physical special needs? If yes, please explain: _____

Statement of Purpose

Legacy Christian School is governed by First Baptist Church of Claremore, Oklahoma. Legacy Christian School's ministry is dedicated to providing an academically excellent Christian education which emphasizes the importance of personal faith in God and His revealed Word.

By "academically excellent education," we mean provision for superior achievement based on traditional fundamental disciplines with emphasis on sound habits, skills, and attitudes. We seek to guide students to respect and relate to others, to accept responsibility, to establish sound moral and spiritual values, and to use their individual talents and abilities to the fullest.

By "Christian education," we mean spiritual training which will encourage Christian growth as presented in the Holy Scriptures. Courses will be taught in a Christian atmosphere. Subjects will be taught from a biblical worldview. We intend to share God's plan of man's redemption and to prepare Christian young people for effective service.

Legacy Christian School seeks to serve the broad Christian family through its educational system.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Mission Statement

Legacy Christian School prepares students for life by providing excellence in academics, instilling Christian character, developing leadership skills, and encouraging service to others—all for the glory of God.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Payment Schedule

An annual enrollment fee will be charged for each student. The first half is due upon enrollment; the second is due by November 30. **This fee is non-refundable.** Your child is not considered enrolled until the enrollment fee and registration form have been returned to Legacy Christian School.

Tuition is required in advance on a monthly basis and is non-refundable. It is due the first day of each month. Checks may be made payable to Legacy Christian School.

Beginning September 1, any monthly tuition not received by the fifteenth of each month will be considered past due, and a \$20.00 late charge will be added.

A \$25.00 charge will be assessed for a returned check, in addition to any bank fees accrued. If more than one check is returned, future payments must be made in the form of a cashier's check or cash.

All tuition and additional charges must be current each nine week period, or grade cards will be held and suspension proceedings will begin.

We (I) enclose an enrollment fee of \$_____, which will be refunded if the child is not accepted, or forfeited if the child is withdrawn.

We (I) have answered all questions applicable to this application and have read, understood, and agree to the tuition policy and financial arrangements for payment.

Parent/Guardian Signature

Parent/Guardian Signature

Date



Consent for Medical Treatment

Authorization given to: Legacy Christian School, Claremore, OK

Name of dependent: _____
(Last) (First) (MI)

Address: _____
(House and street number)

(City) (State) (Zip)

Home phone: _____ Work phone: _____

List any medical issues/allergies of the minor: _____

Person(s) to notify in the event of an emergency: _____

Relationship to the minor: _____

Home and work phone numbers: _____

Person financially responsible: _____

Insurance company: _____ Policy #: _____

Family physician: _____ Phone: _____

Physician's address: _____

Consent for Medical Treatment

As the parent or legal guardian of _____, I hereby give my consent to the administrator of Legacy Christian School or to the adult supervisor of the activity sponsored by Legacy Christian School for emergency medical treatment or care prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the above-named dependent.

(Parent/Guardian signature)

(Date)

Participation Release

My child has permission to participate in any activity of Legacy Christian School provided that proper supervision by authorized adults is applied. Such activity would include, without limitation: field trips, tours, and picnics. I, the parent/guardian of the above-named dependent, a minor, agree that I and above-named dependent will abide by the rules of Legacy Christian School and its adult supervisors. Recognizing the possibility of physical injury associated with these activities, and in consideration for Legacy Christian School, I hereby release, discharge, and/or indemnify Legacy Christian School, its administrator, school committee, teachers, associated personnel, and the First Baptist Church, Claremore, OK, against any claim by or on behalf of the above-named dependent as a result of the dependent's participation in such activities and/or being transported to or from the same, which transportation I hereby authorize.

(Parent/Guardian signature)

(Date)

Issue Resolution

I understand that the proper way to handle an issue or question regarding policies, teachers, or administration at LCS, is to contact the teacher or administrator to set up a conference. Addressing the issue in public or social media outlets such as Facebook, Twitter, PTO meetings, etc. is not acceptable and will not be tolerated.

(Parent/Guardian signature)

(Date)

Discipline Policy

Teachers have the responsibility and authority for enforcing school and classroom policies. Failure of a student to abide by school policies and classroom procedures will result in consequences. Each teacher will use a positive approach toward discipline to encourage self-discipline in the child. Disciplinary measures may include counseling, detention, withdrawing privileges, temporary isolation, expulsion, parent conferences and/or referral to the administrator which *could* result in corporal punishment.

(Parent/Guardian signature)

(Date)

Internet Use Agreement

I understand that internet use is designed for educational purposes and that Legacy Christian School and First Baptist Church, Claremore, OK, have taken precautions to eliminate controversial material. However, I also recognize it is impossible for Legacy Christian School and First Baptist Church, Claremore to restrict access to all controversial materials, and I will not hold Legacy Christian School or First Baptist Church, Claremore responsible for information acquired on the internet. Further, I will accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

NOTE: Parent/guardian permission remains in effect while the student is enrolled at LCS. Parent/guardian may revoke permission at any time through written request to the LCS Administrator.

(Parent/Guardian signature)

(Date)

Media Consent

I give consent for my child, _____, to be photographed and/or videoed by Legacy Christian School. I understand that the photograph and/or video may be used on the school website, the closed Legacy Facebook page, or submitted to the local newspaper. Legacy has my permission to use my child's image or video on the above listed media outlets.

(Parent/Guardian signature)

(Date)



School Directory Form

Student	Grade	Teacher's Name

Parent/Guardian(s) Name(s): _____

Home Address: _____
_____ (zip) _____

Email 1: _____

Email 2: _____

Home phone: _____

Dad's cell: _____ Dad's work phone: _____

Mom's cell: _____ Mom's work phone: _____



Extended Care Enrollment Form

Student's name: _____

Birthday: _____ Class: _____

Is child toilet trained? Yes No

Does the student have allergies, or any other medical needs for which we need to be aware?

I am enrolling my child for the following days per week:

AM _____ 5 days/week _____ other days noted _____

PM _____ 5 days/week _____ other days noted _____

_____ occasionally as needed

Mother/Guardian's name: _____

Cell #: _____ Is text messaging ok? Yes No

Home #: _____ Work or other phone #: _____

Father/Guardian's name: _____

Cell #: _____ Is text messaging ok? Yes No

Home #: _____ Work or other phone #: _____

Emergency contacts if parents/guardians cannot be reached:

1. Name: _____ Relationship: _____

Cell #: _____ Other #: _____

2. Name: _____ Relationship: _____

Cell #: _____ Other #: _____



Student Pickup Information

Student: _____ Date: _____

Teacher: _____

Name of Approved Pickup Person	Relationship to Student	Vehicle Make	Vehicle Model	Vehicle Color

Please list anyone **NOT** approved to pick up your child from school:

(Parent/Guardian signature)

(Date)

Medication Release

I am the parent/guardian with legal custody/guardianship of,

_____, a student at Legacy

Christian School. This child may require medication to be dispersed at intervals throughout the school day. I hereby give my consent and authorize the school administrator, secretary, or other designated school employee to:

- () Administer _____, a non-prescription medication which I am supplying the school in accordance with written instructions of the child's physician, or as directed on the label of the medication. The dosage on the above medication for my child is as follows:_____.
- () Administer _____, a filled prescription medication which I am supplying the school in accordance with the directions for the administration of the medicine listed on the label of the medication bottle.
- () Administer _____, a filled prescription medication which I am supplying the school in accordance with the written instructions attached of the physician prescribing the medication.

I understand that under state law, the school and its employees shall not be liable to the student or the student's parent/guardian for civil damages for any personal injuries to the student which results from acts or omissions of school employees in administering the medication I have hereby authorized.

Dated this _____ day of _____, 20 _____

Signature of Parent/Guardian



T-Shirt Order Form

Legacy students receive a short sleeve school t-shirt as part of their annual fees. Please mark your child's *estimated* t-shirt size for August. An additional form with all available styles and sizes will be sent home after school has begun. Please note: this is for the short sleeve student shirt only.

Style	YXS	YS	YM	YL	YXL	S	M	L
Short Sleeve T-Shirt								

Student: _____ Grade: _____

Parent/Guardian Name: _____

Phone: _____



Dear Parents and Guardians:

Legacy Christian School strives to celebrate the many accomplishments of our students. We are proud of our Lions, and enjoy sharing their achievements with you, as well as with media venues such as the school website, Facebook, and the local newspaper. The information that is shared may include student names, honors/awards received, non-graded student work, student photographs, and video and/or voice recordings. Legacy may also utilize this information in school/public functions, and in the school yearbook. Please understand that we will take every precaution to protect your child, while at the same time affording him or her the opportunity to share his or her achievements.

I hereby grant permission to **Legacy Christian School** to photograph/interview my child, _____ . It is my understanding that this photograph/interview or portions may be used for public view.

I agree to allow my child to participate without financial remuneration, and I understand that this releases Legacy Christian School and the photographer/interviewer from any future claims as well as any liability arising from said interview/photograph. I understand that images and/or filmed audio recordings will not be used for commercial gain, nor will they be sold for commercial gain.

If the form is not returned to the school by **August 17, 2017**, then the school assumes you are granting your permission for the above listed media releases.

If you **DO NOT** grant permission for LCS to release information in the manner stated above, you must return this signed form to the school office immediately.

Please indicate by circling your response and signing your name next to the answer of your choice.

YES, I give my consent. _____

NO, I do not give my consent. _____

If your answer is NO, are there any instances where your child's photograph may be featured, such as the school yearbook? If so, please list the media outlets where we have permission to photograph your child:
