



107 E. Will Rogers Boulevard ♦ Claremore, OK 74017  
Phone: (918) 342-1450 ♦ Fax: (918) 341-8193 ♦ [www.lcsclaremore.org](http://www.lcsclaremore.org)

### Application for Admission

**NOTE: This application does not assure final enrollment but provides information upon which a decision will be based. YOUR ENROLLMENT FEE MUST ACCOMPANY THIS APPLICATION.**

OFFICE USE ONLY:	
Date Received:	_____
Grade:	_____
Enrollment Fee Paid:	_____
Book 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:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Asian	<input type="checkbox"/> 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	Phone Number(s)	Relationship to Student	Address

Physician Name	Phone Number	Address

Dentist Name	Phone Number	Address

Condition of Health: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### **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.

### **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.

### **ADMISSION POLICY**

To be considered, every student must have submitted a completed and signed application, enrollment fee, book fee and copies of immunization records and birth certificates. Legacy Christian School adheres to the age recommendations as determined by the Oklahoma Department of Education. LCS is accredited through ACSI for K-5<sup>th</sup> grade and provides PreK beginning at three (3) years of age. Our curriculum is designed for average and above average students as determined by our admission testing. LCS reserves the right to accept or reject students as a result of the admission testing and/or discipline records. Legacy Christian School does not discriminate on the basis of race in the administration of its educational policies, admission policies, scholarship program, and other school administered programs.

## STUDENT FEES POLICY

The parent/guardian is responsible for payment of all student fees and tuition. If payment of tuition is delinquent, the student may not be admitted to class until payment is made. School report cards and records will not be released to the parents when a balance is owed to LCS. All withdrawals must be made in the school office. The principal and accountant must be notified of withdrawal, and the parent/guardian must sign a withdrawal form in the school office.

### **Refund policy:**

Enrollment Fee and Book Fee are non-refundable

Withdraw before August 1<sup>st</sup> - 100% refund of tuition paid

Withdraw August 1<sup>st</sup> - before first day of school - No refund of first month's tuition

Withdraw on or after first day of school - Tuition through December is due at time of withdraw

Withdraw on or after the first day of second semester - Half of the remaining semesters tuition due

## STANDARDS OF CONDUCT

Legacy Christian School is committed to the highest standards of Christian conduct and holds that the Bible, the infallible, divine Word of God, provides the basis for that conduct. Salvation by faith in Christ is the initial step in the Christian life followed by spiritual growth into the image of Christ, which is the work of the Holy Spirit. This growth begins with the initial act of saving faith and continues through life. The Holy Spirit makes the Christian conscious of the Biblical demands for a Holy life which fulfills both God's moral law and high law of love. The result is a life consecrated unto God and separated from the world.

Legacy Christian School has therefore established standards of conduct in order to provide an environment conducive to the spiritual growth and development of Christian young people. While obedience to rules does not make one spiritual, the spiritually sincere person will desire to live by Biblical standards. As an institution which believes in the development of children with strong character, LCS contends that moral conviction, self-discipline, and enthusiasm for Christian witnessing are as important as academic excellence.

Our rules are reasonable and necessary for success while enrolled at LCS. Believing that discipline is necessary for the welfare of the student as well as the entire school, each teacher is given the liberty of making and enforcing classroom regulations in accordance with Christian principles and discipline as set forth in the Scriptures. Any student who shows repeated behavioral problems gives indication that parents need to take action at home, so that the teacher's time is not consumed with behavioral problems but with academic instruction. If at any time the school feels that this parental cooperation is lacking, or the behavior of the student indicates an uncooperative spirit, he/she may be requested to withdraw from LCS.

I/We have had made available the LCS current Student Handbook, have read the same, and agree with and will abide by all of the terms, conditions, rules and regulations set forth therein.

I/We have read and agree with the above LCS policies.

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Parent/Guardian Signature

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Parent/Guardian Signature

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Date



## 2019-2020 Fee Schedule

Legacy Christian School is committed to partnering with parents to equip students to reach their full potential by providing academic excellence in a Christian environment. Legacy Christian School does not discriminate on basis of race, color, or national and ethnic origin.

### FEES AND TUITION

Enrollment	\$300 per student
Book Fee	\$300 per student – (K-5 <sup>th</sup> ) \$200 per student – (PreK)
Tuition	\$4,250 per student (K-5 <sup>th</sup> ) \$4,250 PreK (5 day) \$3,225 PreK (3 day)

NOTE: Both the Enrollment and Book fees are nonrefundable.

1. Both the Enrollment and Book fees must be paid to have a child officially enrolled for the next year based on the order received (or on waiting list if class is full).
2. The Enrollment fee alone does not enroll your student for the next year.

Book Fees are due by June 1, 2019. Students who enroll after June 1, 2019, must pay book fees at the time of enrollment. Students who enroll after August 1, must also pay first month's tuition at time of enrollment.

Every tuition payment will be a monthly ACH bank draft. The first payment will be withdrawn on August 1, 2019, with the last payment being withdrawn on May 1, 2020.

### TUITION DISCOUNTS

If student qualifies for more than one discount, only the larger discount will be given.

Church Member Tuition Discount – One must apply and meet certain criteria to qualify.

\*See application in enrollment packet

Full Payment Discount – 5% tuition discount and must be paid in full by July 15, 2019.

Sibling Discount –

Student 1 – no tuition discount

Student 2 – 2.5% tuition discount

Student 3+ – 10% tuition discount

NOTE: Each discount is applied individually to each child.

A \$25.00 charge will be assessed for any insufficient funds, in addition to any bank fees accrued. If necessary, a student may not be allowed to attend class until such time that all payments are current. If deemed necessary, suspension up to withdrawal proceedings will be initiated for lack of payment.

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) enclose a Book fee of \$ \_\_\_\_\_, which will be refunded if the child is not accepted or forfeited if the child is withdrawn.

Or

We (I) will pay the Book fee on or before June 1, 2019. \_\_\_\_\_

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 principal 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 principal, 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 principal 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.

\_\_\_\_\_

\_\_\_\_\_

### 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 Principal.

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(Parent/Guardian signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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### 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 principal which *could* result in corporal punishment.

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(Parent/Guardian signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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### 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 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.

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(Parent/Guardian signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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**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 potty 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 # \_\_\_\_\_ Texting? - Y N

Home #: \_\_\_\_\_ Work or other phone #: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_ Cell # \_\_\_\_\_ Texting? - Y N

Home #: \_\_\_\_\_ Work or other phone #: \_\_\_\_\_

Emergency contacts if parents/guardians cannot be reached:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Extended Care Late Fee Policy:

5 minutes late - \$5    5-10 minutes late - \$15    11-20 minutes late - \$30

Over 20 minutes late - \$45    Increase by \$10 each 5 minute increase after 20 minutes.



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



**ACH DEBIT AUTHORIZATION  
For Automatic Monthly Tuition Payments**

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

I / We \_\_\_\_\_, authorize  
*(print individual or company name)*

**LEGACY CHRISTIAN SCHOOL** to initiate ACH debits for tuition payments from my bank account (as shown by the attached voided check) for my tuition due with **LEGACY CHRISTIAN SCHOOL**.

This authorization shall remain in force and effect until **LEGACY CHRISTIAN SCHOOL** receives my/our written notification of a change in my bank account or request to stop transaction.

I understand the first tuition payment will be ACH debited from my account on August 1 and each month thereafter on the 1<sup>st</sup> day of the month through May.

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

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

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

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

**ATTACH VOIDED CHECK HERE**





## Church Member Tuition Discount Application

Any applicant for a Church Member Tuition Discount must be an active member of Claremore First Baptist Church as described below. Only the Parent/Guardian can make application on behalf of each child. The CMTD may be applied to each child, if approved. If student qualifies for more than one discount, only the larger discount will be given.

### Criteria:

- \*Show evidence of a personal relationship with Jesus Christ, scripturally baptized and partnered with Claremore First as an active member.
- \*Actively enrolled and participating in a Small Group.
- \*Serving alongside fellow believers by using ones talents and gifts in this local Body.
- \*On Mission for the advancement of the Kingdom by modeling the Mission Statement of Claremore First by *"Altering the World by Impacting People for Jesus."*
- \*Give evidence of generosity through consistent and faithful tithes and offerings to Claremore First.

Name of dependent: \_\_\_\_\_  
(Last) (First) (MI)

Name of dependent: \_\_\_\_\_  
(Last) (First) (MI)

Name of dependent: \_\_\_\_\_  
(Last) (First) (MI)

Name of dependent: \_\_\_\_\_  
(Last) (First) (MI)

Name of dependent: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(House and street number)

\_\_\_\_\_  
(City) (State) (Zip)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship to the minor: \_\_\_\_\_

Statement of Faith

(Briefly write your understanding of what a personal relationship with Jesus Christ is and how being involved in the local church is vital to living the disciplined-life).

Name of Current Small Group: \_\_\_\_\_

Recognizing my role in Body of Christ, I affirm and support the Mission, Core Values and Wins of Claremore First Baptist Church. I further submit to the understanding that this application is reviewed and any funds granted for tuition discount are solely based on the evidences of the criteria set forth in the application process.

Print Parent/Guardian Name: \_\_\_\_\_

Signed Parent/Guardian Name: \_\_\_\_\_

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

<b>For Office Use Only:</b>
Date Received: _____
Grade: _____
All Forms required by Legacy Received: Registration & Book Fee Paid, Transcript, Health, Birth Certificate on file: _____
Application Review Date: _____
Awarded _____ Denied _____