

Application Date:

- New student
- Returning student

# Legacy Christian Academy

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www.legacychristianacademysa.org

Grade Entering:

School Year:

Received by:

## Application for Admission

### STUDENT INFORMATION

LAST FIRST MIDDLE PREFERRED NAME

STREET APARTMENT

CITY STATE ZIP PHONE

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF BIRTH AGE  Male  Female

**Student lives with:** (check all that apply)  Mother  Father  Legal Guardian  
 Stepmother  Stepfather  Other \_\_\_\_\_

**Student's parent(s):**  Married  Separated  Divorced  Deceased

If divorced, which spouse holds legal responsibility for school decisions? \_\_\_\_\_  
(Please submit notarized copies of all court documents signed by a judge regarding custody and educational decisions along with the application.)

### FATHER'S INFORMATION

Relationship to Student:  Father  Stepfather  Legal Guardian

Parent/Guardian \_\_\_\_\_

Home Address LAST FIRST MI PREFERRED NAME  
City ST Zip

Home Phone (\_\_\_\_) Cell Phone (\_\_\_\_) Business Phone (\_\_\_\_)

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address City ST Zip

E-mail Address \_\_\_\_\_

### MOTHER'S INFORMATION

Relationship to Student:  Mother  Stepmother  Legal Guardian

Parent/Guardian \_\_\_\_\_

Home Address LAST FIRST MI PREFERRED NAME  
City ST Zip

Home Phone (\_\_\_\_) Cell Phone (\_\_\_\_) Business Phone (\_\_\_\_)

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Address City ST Zip

E-mail Address \_\_\_\_\_

### EMERGENCY INFORMATION

Insurance Company \_\_\_\_\_ Subscriber Name \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
SPONSOR SPONSOR'S #

**FOR OFFICE USE ONLY:**     New student     Returning student

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Family ID#: \_\_\_\_\_

DATE OF ACCEPTANCE: \_\_\_\_/\_\_\_\_/\_\_\_\_    SCHOOL YEAR: \_\_\_\_\_     Fall  
 Spring

Previous Account Current:	YES	NO	DATE RECEIVED	INITIAL	AMOUNT	CK#/CASH
Half Registration						
Balance Registration						
Book Fee						
Accounting/Ledger Sheet						

RETURNING	NEW	ISSUED	INITIAL	DATE RC'D	INITIAL
Application	Application				
	<b>Previous School Records:</b> <input type="checkbox"/> Current report card <input type="checkbox"/> Report cards from last 2 yrs <input type="checkbox"/> Standardized tests (2 yrs) <input type="checkbox"/> Any diagnostic testing <input type="checkbox"/> Transcript (grades 8-12)				
	<b>Recommendation Forms:</b> <input type="checkbox"/> Principal <input type="checkbox"/> Teacher / early childhood <input type="checkbox"/> Pastoral				
	Copy of birth certificate				
	Parent Questionnaire				
	Entrance Test				
	Interview with administrator				
	Official acceptance				
<b>Health Records:</b> ( K4, K5, 1,3,5,7,9,New Students) <input type="checkbox"/> Immunization records <input type="checkbox"/> Physical <input type="checkbox"/> Vision/Hearing Spinal Screening (6 <sup>th</sup> & 9 <sup>th</sup> )	<b>Health Records:</b> (K4, K5,1,3,5,7,9,New Students) <input type="checkbox"/> Immunization records <input type="checkbox"/> Physical <input type="checkbox"/> Vision/Hearing <input type="checkbox"/> Spinal Screening (6 <sup>th</sup> & 9 <sup>th</sup> )				
Court documents <i>(if applicable)</i>	Court documents <i>(if applicable)</i>				
Parent-School Agreement	Parent-School Agreement				
Handbook Acknowledgement Form	Handbook Acknowledgement Form				
Student Contact Card	Student Contact Card				
Student Dismissal Information	Student Dismissal Information				