

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.)

CHURCH PARTICIATION:

Name of Church

- Member
- Regular Attendee
- Occasional Attendee
- None

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 SPONSOR SPONSOR'S # Phone

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				
	Previous School Records: <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)				
	Recommendation Forms: <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				
Health Records: (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 th & 9 th)	Health Records: (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 th & 9 th)				
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				