



LEGACY ACADEMY

A Classical Christian School

SCHOLÉ DAYS APPLICATION

Thank you for your interest in partnering with Legacy Academy for the education of your child(ren). We seek families who by the pattern of their lives know and love God, His Word and His children, and who are committed to shaping the hearts and minds of their children through the classical Christian education of Legacy Academy.

PERSONAL INFORMATION

Student Name: _____ Date: _____

Date of Birth: _____ Age (as of 9/1/22): _____ Grade: _____

Father's Name: _____ Employer: _____

Cell Phone: _____ E-mail: _____

Mother's Name: _____ Employer: _____

Cell Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____

Student resides with: Parent(s) Grandparent(s) Step-parent(s)
 Other Relative(s)/Guardian(s)

Please list other child(ren) living in the home:

Name: _____ Age/Grade: _____

Name: _____ Age/Grade: _____

Name: _____ Age/Grade: _____

Emergency Contact

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____ City: _____ State: _____

STUDENT INFORMATION

Has your child been tested for a learning difference?

- Yes (*please explain below*) No

Please describe your child's social/emotional personality.

Please describe your child's spiritual condition.

What do you consider your child's academic strengths and weaknesses?

Does your child have any medical conditions (illnesses, injuries, allergies, diagnoses, etc.) of which the school should be aware? Yes (*please explain below*) No

RELIGIOUS INFORMATION

Church Name: _____

Pastor: _____ City, State: _____

Are you a member in good standing? Yes No

Please describe your church ministry involvement.

Having read Legacy Academy's Statement of Faith, are there any other beliefs to which you may adhere and/or beliefs you may not adhere to? Yes (please explain below) No

Do you agree to support and submit to the authority Legacy Academy's Statement of Faith despite any stated disagreements above? Yes No (please explain below)

FAMILY INFORMATION

What are your primary reason(s) for seeking enrollment for your child in Legacy's Scholastic Days program?

What is your understanding of classical Christian education?

How does your family prioritize faith and education in your home?

FAMILY COVENANT

We do hereby commit to Legacy Academy to partner together to shape and hearts and minds of our child(ren) as students of Legacy Academy by entrusting them with a classical Christian education. We understand and agree to the following:

- 1. We promise, by the grace of God, to conduct ourselves in Christian love toward the board, administration, faculty, staff, students and fellow families of Legacy Academy. We will pray faithfully for the work and workers of Legacy Academy. We will seek to encourage and edify one another with our words and actions. We will steward well the resources provided by Legacy Academy (and its host church). We will respect and submit to those in authority of Legacy Academy. We will strive to resolve any conflicts in a Biblical, Christ-honoring way (see Matthew 18).*
- 2. We commit to being fully invested in Legacy Academy for the upcoming school year, as God allows. We agree to pay tuition, fees and dues in a timely manner. We agree to fulfill all duties and responsibilities requested of us by Legacy Academy. Together as a family, we will seek opportunities to support the ministry of Legacy Academy by using our time, talents and training for God's glory and others' edification.*

3. *We understand that we as parents are responsible before God for our children's education. We entrust our children to the ministry to Legacy Academy as a means of fulfilling this Biblical mandate (see Eph. 6:4). We value the culture, curriculum and community of Legacy Academy and agree to support the decisions of the administration, faculty and staff both in the classroom and at home.*

Parent(s) Signature

Date

APPLICATION AGREEMENT

I understand that Legacy Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

I understand that Legacy Academy reserves the right to offer enrollment on the basis of religious commitment and beliefs, moral conduct and willingness to cooperate with the Board and Administration and to abide by its policies.

I verify that all of the above information is true and correct. I am in agreement with the classical, Christian educational philosophy and Statement of Faith of Legacy Academy.

Parent(s) Signature

Date

