



# LEGACY CHRISTIAN SCHOOL

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Your Enrollment Packet includes the following information:

- Emergency Form/Pick-Up Information/Extended Care Application (One per child)
- Extended Care Information
- Extended Care Parent Commitment Form
- Liability Release
- Statement of Faith
- Parent/Student Handbook Agreement
- Parent's/Guardian's Pledge of Acceptance
- Study Trip Permission Slip
- Volunteer Driver Application Form
- Financial Information
- Financial Agreement
- Tuition Payment Options
- Academic Records Transfer Authorization

Please submit the following for each child to the school office:

- Copy of Birth Certificate
- Current Immunization record with doctor's signature or stamp
- Current copies of Report Cards for the past year and current SAT scores
- Non-Refundable Enrollment/Material Fees
- Report of Health Examination For School Entry (Kindergarten and 1<sup>st</sup> grade only)
- Oral Health Examination (Kindergarten and 1<sup>st</sup> grade only)

**Enrollment/Material fees are due with enrollment forms. Your enrollment will not be processed without all forms and fees. See *Financial Information*.**

**New Enrolled Families:** Upon receipt and review of the documentation listed above, the school will contact you to schedule an interview. Applications will not be processed until ALL the documentation listed above have been turned into the office.

Student Placement Test                      Date \_\_\_\_\_                      Time\_\_\_\_\_

Interview with Administration              Date\_\_\_\_\_                      Time\_\_\_\_\_

(Students in 5<sup>th</sup> grade and above must be present during the interview.)

***We look forward to serving your family in the coming school year. Check our website for important updates throughout the year!***

**1210 STONEMAN AVENUE, PITTSBURG, CALIFORNIA 94565**



# LEGACY CHRISTIAN SCHOOL

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## New Student Application

Student's Name	Grade	DOB	Age	Gender
		/ /		
		/ /		
		/ /		
		/ /		

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Information	Mother's/Guardian's Information
Name (last, first)	Name (last, first)
Address (if different than above)	Address (if different than above)
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
E-mail	E-mail

**Parent's marital status:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Student lives with:** Mother & Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Mother & Step-Father \_\_\_\_\_ Father & Step-Mother \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

\*\*Restraining order on file: \_\_\_\_\_ Yes \_\_\_\_\_ No      \*\*Custodial Agreement on file \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*Please attach a copy for our files. (Mandatory for enrollment)**



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<b>Step-Father Information</b>	<b>Step-Mother Information</b>
Name (last, first)	Name (last, first)
Address (if different than student)	Address (if different than student)
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
E-mail	E-mail



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## New Student Information (One per child)

Child's Name: \_\_\_\_\_

Describe student's extracurricular interests and abilities (hobbies, sports, band, singing, art, academics, etc.):

\_\_\_\_\_

Please list any behavioral challenges your child has or has had in school in the past. \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state when and for what reason(s): \_\_\_\_\_

Has your child ever been involved with civil or juvenile authorities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state when and for what reason(s): \_\_\_\_\_

Has your child ever experimented with any type of drugs, alcohol, or tobacco? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Academics /Study Habits: \_\_\_\_\_

\_\_\_\_\_

Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

Please describe any special needs your child has, including diagnosed learning disabilities, which LCS needs to be aware of, in order to provide the most effective learning and discipleship environment.

\_\_\_\_\_

\_\_\_\_\_

Has your child ever received or been a part of any of the following: (Please check if applicable)

Tutoring: \_\_\_\_\_ Specialized Testing: \_\_\_\_\_ Special ED: \_\_\_\_\_

G.A.T.E: \_\_\_\_\_ ESL: \_\_\_\_\_ 504: \_\_\_\_\_ Other: \_\_\_\_\_



## New Family Information

**Family Name** \_\_\_\_\_

Father/Male Guardian:

Are you a Christian?

Yes  No

Do you attend church?

Yes  No

How often?

One time per week or more

One time per month

Special holidays only

Name and address of church \_\_\_\_\_

Denomination \_\_\_\_\_

Briefly explain your walk with the Lord. \_\_\_\_\_

Mother/Female Guardian:

Are you a Christian?

Yes  No

Do you attend church?

Yes  No

How often?

One time per week or more

One time per month

Special holidays only

Name and address of church \_\_\_\_\_

Denomination \_\_\_\_\_

Briefly explain your walk with the Lord? \_\_\_\_\_



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How important is Christian education to your family? \_\_\_\_\_

Why has your family chosen Legacy Christian School? \_\_\_\_\_

## Personal References

1. \_\_\_\_\_  
Name Address Phone Relationship Years Known

2. \_\_\_\_\_  
Name Address Phone Relationship Years Known

3. \_\_\_\_\_  
Name Address Phone Relationship Years Known

**I certify that all information provided on pages one through five regarding my child are accurate and true.**

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# LEGACY CHRISTIAN SCHOOL

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## Emergency/Pick-Up Information/Extended Care Application (One per child) 2016-2017

**Student Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father:** \_\_\_\_\_  
Name Address Phone

**Employer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother:** \_\_\_\_\_  
Name Address Phone

**Employer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Step-Father:** \_\_\_\_\_  
Name Address Phone

**Employer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Step-Mother:** \_\_\_\_\_  
Name Address Phone

**Employer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent's marital status:** Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_ Single \_\_\_\_

**Student lives with:** Mother & Father \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_

Mother & Step-Father \_\_\_\_ Father & Step-Mother \_\_\_\_ Grandparents \_\_\_\_ Other \_\_\_\_

**\*\*Restraining order on file:** \_\_\_\_ Yes \_\_\_\_ No **\*\*Custodial Agreement on file:** \_\_\_\_ Yes \_\_\_\_ No

**\*\*Please attach a copy for our files. (Mandatory for enrollment)**



# LEGACY CHRISTIAN SCHOOL

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## Emergency/Pick-Up Information

In case of illness or injury and a parent cannot be reached, the following person(s) may be contacted to pick up my child. Only the person(s) listed below will be allowed to pick up your child without written permission.

**Contacts will be made in this order:**

_____	_____	_____
Name	Relationship to student	Phone number
_____	_____	_____
Name	Relationship to student	Phone number
_____	_____	_____
Name	Relationship to student	Phone number
_____	_____	_____
Name	Relationship to student	Phone number
_____	_____	_____
Name	Relationship to student	Phone number
_____	_____	_____
Name	Relationship to student	Phone number

### Physician/Insurance Information

Physician's Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_

Medical insurance card #: \_\_\_\_\_

### Dental/Insurance Information

Dentist's Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_

Dental insurance card #: \_\_\_\_\_

### Medical Considerations

Please list any medical needs, including regular medications, allergies, food allergies, etc.:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

**I certify that all information provided on this Emergency/Pick-Up Information Form regarding my child is accurate and true.**

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_





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## **Extended Care Information**

Welcome to Legacy Christian School Extended Care Program. This program strives to provide a loving environment with organized activities to meet the social, spiritual, and physical needs of each student.

### **Daily Schedule**

Extended Care hours are Monday-Friday 6:00 a.m. to 8:15 a.m. and 2:55 p.m. or 3:15 p.m. to 6:00 p.m. School holidays and vacation times are subject to additional charges.

### **Breakfast and Snack**

Breakfast is provided before 7:45 a.m. An afternoon snack is provided.

### **Arrival and Departure**

Any student arriving 15 minutes prior to school starting or any student still on school premises 15 minutes after school dismissal will be enrolled into Extended Care.

The child will be released only to the parent or the adult authorized by the parent/guardian unless proper notification has been given for other arrangements.

The adult picking up or dropping off the student must sign his/her name on the students sign in/out sheet.

### **Extended Care Guidelines**

Students are expected to conduct themselves in a manner that is honoring to God, themselves, their parents, and the school. This expectation applies to the time that students are in school, while they are in Extended Care, as well as the time they are away from school. (See Parent/Student Handbook-Discipline Guidelines and Consequence System, pg. 18-22)

### **Personal Items**

We cannot be responsible for the loss or damage to personal items. It is very helpful if you put your child's name on all clothing items, as well as personal items.



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## Extended Care Parent Commitment Form

Monthly fees for full time tuition will be processed through FACTS. (See Financial Information Form)

Drop-in rate fees are billed quarterly and are due within two weeks from receipt of bill.

Any student arriving 15 minutes prior to school starting or any student still on school premises 15 minutes after school dismissal will be automatically enrolled into Extended Care. Students will be charged the hourly rate until he/she is picked up.

If a student is not picked up by 6:00 p.m. there will be a \$1.50 charge **per minute** or portion of a minute thereafter.

Checks returned unpaid will result in a check fee of \$30.00 (equivalent to the bank charge) and applied to your account. Returned checks will not be re-deposited.

Students will only be released to persons listed on their Emergency/ Pick Up Information Form (for the child's safety, please be prepared to show valid identification if requested).

The undersigned agree to:

- Abide by all Extended Care guidelines
- Cooperate with Extended Care teacher/staff, and be supportive of the program.
- Sign students in/out daily
- Meet with Administration if student's behavior is unacceptable
- Understand that removal from the Extended Care program is an option for unacceptable behavior.
- A two week notification is required for withdrawal of full time Extended Care students. To withdraw a child, please email the school office at [admin@legacychristianschoolca.org](mailto:admin@legacychristianschoolca.org).

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# LEGACY CHRISTIAN SCHOOL

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## Liability Release

I/We, the undersigned parent or legal guardian of the student/s listed below, do hereby give authorization and consent to Legacy Christian School to obtain emergency medical or dental care and necessary transportation, including x-ray examination, anesthesia, medical or surgical diagnosis, and emergency hospital stay-which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the Medicine Practice Act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment for the student/s, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

I/We understand that Legacy Christian School does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school. Furthermore, I/We take full responsibility for the actions of my/our child/ren and will pay for any damages caused by my/our child/ren.

I/We, the undersigned parent or legal guardian of the student/s listed below, also agree NOT to hold Legacy Christian School or its agents or employees liable for damages, losses or injuries to the person, persons, or property of the undersigned. We understand that we are signing for the minors listed on this form and that the signature/s is for medical and liability release.

Please list student/s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Statement of Faith

**Please carefully read our Statement of Faith. Please initial all the beliefs with which you are in agreement.**

\_\_\_\_\_ 1. I believe the Bible to be the inspired, only infallible, authoritative Word of God.

(2 Tim. 3:16; 2 Pet 2:20, 21)

\_\_\_\_\_ 2. I believe there is one God (Deut. 6:4), eternally existing in three persons: Father, Son, and Holy Spirit (Matthew 28:19). God the Father, Creator, and the Ruler of the universe, from whom all life exists through His Son (Colossians 1:16; Genesis 1:1); Jesus Christ, God the Son, who became the God—Man to fulfill the eternal plan of God for the redemption of mankind (John 17:5; Philippians 2:5-11; Hebrews 1:2); God the Holy Spirit, revealing Jesus Christ and God's plan to mankind and bearing witness to God's work in our world (John 16:13-14; 1 Corinthians 2:9).

\_\_\_\_\_ 3. I believe in God and in the deity of Christ, God the Father's only eternal Son, born to a virgin, living a sinless human life, performing miracles, dying for the sin of the whole world, being bodily resurrected to conquer sin, death, and Hell, ascending to the right hand of His Father to intercede on our behalf, and returning to earth again for those who have personally repented, acknowledged Him as Savior, and trusted in Him ALONE for forgiveness of sin (Isaiah 7:14; Hebrews 7:26; 1 Corinthians 15:3-4).

\_\_\_\_\_ 4. I believe that for the salvation of lost and sinful mankind, regeneration by the Holy Spirit, being born again through repentance and faith in Jesus Christ, is absolutely essential. This joins the believer to Christ, giving him a new spirit within and a new beginning. (John 3:3-7; Acts 2:38; 2 Cor. 5:17)

\_\_\_\_\_ 5. I believe in salvation by grace through faith in our Lord Jesus Christ (Ephesians 2:8-9); the reality and personality of Satan (Mathew 4:1-11); and the coming again of the Lord Jesus (1 Thessalonians 4:13-17).

\_\_\_\_\_ 6. I believe in the continuing ministry of the Holy Spirit who lives in those who know Jesus Christ as Savior and enables them to live a Godly life (Ephesians 5:18, 4:30; 1 Corinthians 3:16).

\_\_\_\_\_ 7. I believe that the baptism of the Holy Spirit is an endowment of power available to every Christian at or subsequent to conversion. Through the laying on of hands, spiritual gifts may be manifest such as, but not limited to, prophesy and tongues (Acts 2, 1 Cor.12).

\_\_\_\_\_ 8. I believe in the living Body of Christ, the church universal and local, and in the spiritual unity of all believers under the Head of the Body, Jesus Christ. (Eph. 2:22-23; 4:4-6)

\_\_\_\_\_ 9. I believe in the resurrection of the dead, both those saved through Jesus Christ and those lost through un-repentance and not accepting Christ's forgiveness. Those who have a personal relationship with Christ are saved unto resurrection of life, and those lost unto resurrection of eternal separation from God in Hell (1 Thessalonians 4:16-17; Revelation 19:20. 20:112-115).



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\_\_\_\_ 10. I believe that every believer is responsible to preserve the sanctity of human life (Psalm 139).

\_\_\_\_ 11. I believe that God has commanded that no intimate sexual activity be engaged outside of marriage between a man and a woman. I believe that the only legitimate marriage is the joining of one man and one woman. I believe that any form of pornography, homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, or adultery is a sinful perversion of God's gift of sex. I believe that God disapproves of and forbids any attempt to alter one's gender by surgery or appearance (Genesis 2:24, 19:5, 26:8-9; Leviticus 18:1-30; Romans 1:26-29, 7:2; 1 Corinthians 5:1, 6:9, 7:2; 1 Thessalonians 4:1-8; Ephesians 5:22-23, Hebrews 13:4).

\_\_\_\_ 12. I believe it is vital to share the Gospel in every Biblical way possible. I also believe that it is our responsibility to obey the Great Commission of our Lord as stated in Mathew 28:18-20; therefore, we are firmly committed to missions both at home and abroad.

\_\_\_\_ 13. I believe that Christians have been given the authority to perform supernatural acts in the name of Jesus (John 14:12, Luke 10:19) I believe we are exhorted to "walk by faith and not by sight," (2 Corinthians 5:7).

Legacy Christian School is committed to respond to the needs of Christian educators and schools in order to lead its body to spiritual and academic excellence-to provide assistance without interference and opportunity without obligation. We are bound to extend our ministry to all we can reach, if we are to carry out our Lord's Great Commission (Matthew 28:18). Legacy Christian School neither supports nor endorses the World or National Council of Churches, nor any world, national, regional, or local organizations, which give Christian recognition to nonbelievers or advocate a multi-faith union.

\_\_\_\_ We fully support the Statement as written without mental reservations.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ We support the Statement except for the area(s) which are not marked above. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction. I have attached an explanation on a separate paper.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Parent/Student Handbook Agreement 2016-2017

*Parents: Please carefully read the Parent/Student Handbook and sign below.*

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read the Legacy Christian School Parent/Student Handbook and agree to follow, uphold, and support the policies laid forth by the Administration and Staff of Legacy Christian School.

I understand that the services of the school are engaged by mutual consent and that the school and I each reserve the right to terminate any or all of the services at any time. I understand that this Handbook does not contractually bind Legacy Christian School and is subject to change without notice by the decision of Legacy Christian School's Administration. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Students in grades 6<sup>th</sup> – 8<sup>th</sup>:

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_



# LEGACY CHRISTIAN SCHOOL

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## Parent's/Guardian's Pledge of Acceptance

Upon enrollment of my child/ren, \_\_\_\_\_ (please list name of child/ren), at Legacy Christian School, we hereby agree to the following terms:

1. We, as parents or guardians who are accepting the challenge to "train up a child in the way they should go", do state that this training will be carried on in the home. We shall place our trust in Legacy Christian School to be an extension of that training. (Luke 6:40; Proverbs 22:6; Deuteronomy 11:18-21)
2. We understand that the parents, faculty, and staff of Legacy Christian School will exemplify love and respect for the Lord Jesus Christ and obedience to Him. (I Samuel 15:22; John 14:15, 21; Matthew 28:20)
3. We agree to always conduct ourselves in a professional, tactful manner when expressing concerns regarding our child or school matters. Profanity or abusive language when addressing any staff member will not be tolerated by anyone, including staff, parents, or students. This type of behavior or language is grounds for immediate dismissal or expulsion.
4. We commit that our family will take steps to grow in Christ through reading the Bible, praying, and attending a local church consistent with Legacy Christian School's Statement of Faith. (Hebrews 10:25)
5. We pledge our loyal support to Legacy Christian School through prayer for its programs and by donating time and money (necessary fund-raising) as requested. (I Thessalonians 5:17; Proverbs 11:24; II Corinthians 9:11)
6. We understand that in order for discipline to be most effective, the discipline must be consistent and administered immediately. We hereby invest authority in Legacy Christian School to discipline our child/ren as deemed necessary by the school including referrals, detention, suspension, and as necessary, expulsion. (Hebrews 12:11, Proverbs 29:15, 17)
7. If my child's/ren's behavior is disruptive in a manner that the school cannot handle, we agree to pick up, or make arrangements for my child/ren to be picked up, within one hour of the school's initial attempt to contact us. If arrangements cannot be made, I understand my child/ren will remain in the office or other supervised designated area for the remainder of the day, and will be suspended for a minimum of one day thereafter.
8. We pledge our fullest cooperation to, not make an issue of, doctrinal controversy or denominationalism. (I Corinthians 1:10; John 17:23; Ephesians 4:3-7)
9. We agree to pay for any damages to or loss of school property attributable to our child/ren. (Romans 13:7; Proverbs 3:27)
10. We agree to pay the tuition as stated in the *Financial Information and Financial Agreement*, and to conclude all required payments on or before the last day of school. (Romans 13:8; Leviticus 19:13; James 5:4)
11. We pledge that if, for any reason, our child/ren does/do not respond favorably to Legacy Christian School, we will not try to change the school to fit our child's/ren's needs, but will withdraw our child/ren respectfully and without delay. (I Peter 2:13-17)
12. It is agreed that Legacy Christian School can suspend and/or expel by its sole discretion our above named child/ren, if it is determined by the faculty and/or administration of the school to be in the best interest of either our child/ren or the school. Failure to pay tuition, as it is due, is grounds for dismissal until the account is brought current.
13. We, as parents or guardians of our child/ren, do sincerely give our pledge to all items as stated above. (Numbers 30:2; Deuteronomy 23:21; I Peter 4:10)

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Study Trip Permission Slip 2016-2017

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

We understand that throughout the school year our child/ren may have the opportunity to take part in study trips and recreational fieldtrips, either by private cars or on foot. We further understand that at such times, while away from the school, the adults in charge will take all necessary precautions to protect my child from harm and injury.

In the event that our child becomes injured or ill while away from school on any of the aforementioned trips, we understand that the chaperone will immediately seek medical attention, if deemed necessary, and contact us as soon as possible. We absolve Legacy Christian School from liability to us or our child because of any injury or illness which may occur to our child during any of these trips. We further agree to hold Legacy Christian School and its employees harmless of any injury or illness caused by the negligence of persons other than employees of Legacy Christian School when such injury or illness occurs during any of the aforementioned trips.

We understand that study trip days do count as regular school days. In the event that our child is absent on a study trip day, we will have to follow the same absence policy as stated in the school handbook. This includes, but is not limited to, illness or medical/dental appointment.

We understand that Legacy will not be liable for any medical charges during these events. If you have medical insurance, your carrier will be billed for medical charges in case of an illness or injury while your child is at this function.

(An informational form will be sent home in ample time before each study trip. A fee, if any, for each study trip will be indicated on the form.)

In Emergency Notify: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

In the event that we cannot be reached in an emergency, we hereby give permission to the physician or dentist selected by an LCS representative to hospitalize, secure proper treatment, order an injection, anesthesia, or surgery for our child.

Please provide your health insurance policy information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ SSN or ID #: \_\_\_\_\_

**PUBLICITY RELEASE** – We understand that pictures of our child/ren in educational and/or extracurricular activities may be used in promotional materials for LCS, such as flyers, brochures, or on the web site.

\_\_\_\_\_ **We DO NOT want pictures of our child/ren used for any promotional materials, including flyers, brochures or on the web site.**

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_





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## Volunteer Driver Application Form 2016-2017 School Year

We often need help in transporting students on study trips/service activities. The purpose of this form is to reduce the liability of the school and volunteer drivers, by being proactive in our selection of parent drivers. If you can help transport students for study trips/service activities during the school year, ***please fill out this form and return it (along with a copy of your driver's license and your current vehicle insurance card) to the school with your enrollment application. A new Volunteer Driver Application form must be filled out each school year.***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Car 1: Model/Yr: \_\_\_\_\_ License Plate \_\_\_\_\_ # of working seat belts \_\_\_\_

Car 2: Model/Yr: \_\_\_\_\_ License Plate \_\_\_\_\_ # of working seat belts \_\_\_\_

### I certify that for the 2016-2017 school year:

- ✓ I possess a valid driver's license.
- ✓ I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.
- ✓ I will maintain the minimum insurance coverage of: \$100,000 liability for bodily injury per person; \$300,000 liability per incident for bodily injury for all vehicle occupants; and \$50,000-\$100,000 liability for property damage as required by the school for vehicles listed, and will only volunteer to drive when such insurance policies and coverage are in force.
- ✓ I understand that in case of any type of accident or vehicle damage, that the school's liability insurance policy does not provide primary or direct insurance on my vehicle.
- ✓ I will advise the school of any change in information provided on this form including, but not limited to, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.
- ✓ Students riding in my vehicle(s) will be seated, and both the front and back seats will be secured in individual working seatbelts. (No double belting of children is permitted.) As required by state law, each child will have a child restraint seat provided by child's parent for each child not meeting the state seatbelt law.
- ✓ To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- ✓ I will read and follow the Driver and Chaperone Instructions sheet for the study trip/service activity.
- ✓ I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

**I affirm that I will carefully transport students under my care, including obeying all traffic laws.  
I certify the information provided on this form is accurate and true.**

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# LEGACY CHRISTIAN SCHOOL

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## Financial Information

2016-2017 School Year

<b>Tuition</b>						
Grades K-8 <sup>th</sup>	Annual Base Tuition	Annual (Discount)	Bi-Annual (2 Payments)	9 Payments (Aug-April)	10 Payments (July-April)	11 Payments (July-May)
<b>1<sup>st</sup> Child</b>	\$4,600	\$4,370	\$2,254	\$511	\$460	\$418
<b>2<sup>nd</sup> Child</b>	\$4,190	\$3,981	\$2,053	\$466	\$419	\$381
<b>3<sup>rd</sup> Child</b>	\$4,050	\$3,848	\$1,985	\$450	\$405	\$368
4 <sup>th</sup> child 50% off 1 <sup>st</sup> child rate 5 <sup>th</sup> child 75% off 1 <sup>st</sup> child rate						
<b>Extended Care-K-8</b>						
<b>Full Time Per Child</b>	\$1,725	\$1,639	\$845	\$192	\$172	\$157
<b>Drop In Rate</b> \$5 per hour						

## Annual Fees (Non-Refundable):

### New Student Testing Fee:

\$50 per student (Testing fee is due on or before the testing date.)

### New Student Enrollment/Materials Fee:

\$399 for 1 child (\$300 if paid by April 15<sup>th</sup>, 2016)  
 \$699 for 2 children (\$600 if paid by April 15<sup>th</sup>, 2016)  
 \$299 for each additional child (\$200 if paid by April 15<sup>th</sup>, 2016)

### Re-enrollment/Materials Fee:

\$270 for 1 child if paid by April 15<sup>th</sup>, 2016  
 \$545 for 2 children if paid by April 15<sup>th</sup>, 2016  
 \$145 for each additional child if paid by April 15<sup>th</sup>, 2016

### FACTS Management Company Processing Fee:

\$38 per family (debited out of your account)

\$370 for 1 child if paid **by** June 10, 2016  
 \$645 for 2 children if paid **by** June 10, 2016  
 \$245 for each additional child if paid **by** June 10, 2016

### Extended Care Fees:

Registration Fee-\$25.00 per family

\$399 for 1 child if paid **after** June 10, 2016  
 \$699 for 2 children if paid **after** June 10, 2016  
 \$299 for each additional child if paid **after** June 10, 2016

### Extended Care Information:

Checks returned unpaid will result in a check fee of \$30.00 (equivalent to the bank charge) and applied to your account. Returned checks will not be re-deposited.



# LEGACY CHRISTIAN SCHOOL

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## FINANCIAL AGREEMENT 2016-2017

### FINANCIALLY RESPONSIBLE PARTY INFORMATION

First Name	Middle Initial	Last Name	Relationship to Student
Address		City	State
Social Security Number		Employer	
Home Phone Number	Work Phone Number	Cell Phone Number	

### STUDENT INFORMATION

First Name	Last Name	2016-2017 Grade	Office Use Only Annual Tuition

This contract is legal/binding financial agreement between Legacy Christian School (hereafter referred to as "school" or "LCS") and the parents/legal guardian/or billing party (hereinafter referred to as parents). The parents hereby enroll the above named student/s for the academic year stated with the following agreements:

- All prepaid tuition, such as yearly tuition, testing fees, and registration fees, are non-refundable. Such deposits are considered liquidated damages under California Civil Code Section 1671.
- I/we agree to pay tuition and all other related costs according to the schedule and option that I/we have selected on the attached Tuition Payment Options form (see form for due date option).
- I/we understand that all monthly payments must be made through FACTS Management Company.
- FACTS Management requires that all missed payments and missed payment re-attempts are subject to a \$30 processing fees plus any fees charged by your financial institution.
- I understand if I/we miss 1 payment, my child/ren will not be allowed to return to school until the balance is paid in full by means of cash, money order, or cashier's check. **All financial arrangements must be made through the business office.**
- If parents select the full or bi-yearly payment options, and payment is not made on the due date, then the balance owed will have to be paid through FACTS Management Company. A FACTS form will need to be submitted no later than 5 working days after the missed payment. Any discounts given will be voided, and the full tuition amount will be due.
- I understand that Legacy Christian School will assess a late fee charge on all past due charges.
- I understand that if I have two returned checks, the account will be placed on a cash only basis. Additional fees of \$30 per month will be charged if payment is not received by the end of the month. Checks returned unpaid will result in a check fee of \$30 equivalent to the bank charge and applied to your account. Returned checks will not be re-deposited.
- Parents withdrawing students before the end of the academic year must give notice 1 month in advance of the student's last school day. Failure to notify in this timely matter will result in the forfeiture of one month's tuition. If a child is expelled from school, there will be no refund of tuition or fees.
- The parties to this agreement are Christians that believe that the Bible commands them to make every effort to live at peace with one another and to resolve disputes with each other in private or within the Christian community, in conformity with the Biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-25, 18:15. Therefore, the parties agree that any claim or dispute arising out of, or related to this agreement, or any aspect of the parent's relationship, including statutory claims, shall be settled by Biblically based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall be submitted to the LCS Advisors, as the official arbitration committee for resolution; the parents will be allowed representation from their pastoral staff to be present and speak on their behalf. The parties agree that these methods shall be the sole remedy for any controversy or claim arising in civil or governmental court for such disputes except to enforce an agreement reached through this arbitration method.
- I accept the policy of the school that no grades or transcripts will be released unless child/ren's financial account is paid in full. We waive any rights concerning any state education code or law, with respect to myself and/or child/ren concerning this issue.
- I accept responsibility for any damage to the school property caused by the above names student/s, including but not limited to: broken windows, lost or damaged books, damaged classroom furniture, fixtures, walls, and/or landscape.

#### Tuition and Fees

Please refer to the attached tables listing payment options, tuition amounts, and other fees and choose one. All fee schedules are incorporated as part of this contract.

**This contract becomes valid when signed by the responsible billing party for the student/s applying for admission.**

\_\_\_\_\_  
Responsible Billing Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Billing Party Signature

\_\_\_\_\_  
Date



# LEGACY CHRISTIAN SCHOOL

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## Tuition Payment Options 2016-2017

**Option 1:** Payment in full by August 1, 2016; discount applies to tuition only. See Financial Information form. No discount honored after due date.

\_\_\_\_\_ Tuition      \_\_\_\_\_ Extended Care full time

**Option 2:** Bi-yearly payments in full by August 1, 2016, and December 1, 2016; discount applies to tuition only. See Financial Information form. No discount honored after the due date.

\_\_\_\_\_ Tuition      \_\_\_\_\_ Extended Care full time

**Yearly or bi-yearly payments may be paid by check, cash, or money order. If the payment is not made by the due date, payments will be required to be made through FACTS.**

**Option 3:** FACTS monthly payment plan- FACTS agreement form must be completed to authorize monthly payments from my checking or savings account.

**9 payments (Aug. 20<sup>th</sup> to April 20<sup>th</sup>)**      \_\_\_\_\_ Tuition      \_\_\_\_\_ Extended Care full time

**10 payments (July 20<sup>th</sup> to April 20<sup>th</sup>)**      \_\_\_\_\_ Tuition      \_\_\_\_\_ Extended Care full time

**11 payments (July 5<sup>th</sup> to May 5<sup>th</sup>)**      \_\_\_\_\_ Tuition      \_\_\_\_\_ Extended Care full time

**Extended Care Full Time (6:00 a.m. - 6:00 p.m.)**

**Monthly payments can only be made through FACTS Management Company.**

FACTS Management Company will automatically withdraw (electronic debit) from your bank account on the 20<sup>th</sup> of each applicable month for the 9 and 10 month payment plans. For the 11 month payment plan, the withdrawal date will be on the 5<sup>th</sup> of each month. These dates are determined by FACTS Management Company and cannot be changed.

Student's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Responsible Billing Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Billing Party Signature

\_\_\_\_\_  
Date



# LEGACY CHRISTIAN SCHOOL

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## ACADEMIC RECORDS TRANSFER AUTHORIZATION (New students only)

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

### STUDENT INFORMATION

First Name	Last Name	Last School Attended	Grade at Withdrawal

I, the parent/guardian, authorize you to release information on my child/ren listed above to:

Legacy Christian School  
1210 Stoneman Avenue  
Pittsburg, California 94565

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Receiving Registrar