

**APPLICATION FORM**

400 S Sunshine St.  
Branson, MO 65616  
Phone: (417) 336-2139  
Fax: (417) 336-1285  
Email: office@legacybranson.com



**STUDENT INFORMATION**

Student Last Name _____	Student First Name _____	Date of Birth _____
<input type="checkbox"/> Male <input type="checkbox"/> Female   Applying for: <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Second Grade <input type="checkbox"/> Third Grade <input type="checkbox"/> Fourth Grade <input type="checkbox"/> Fifth Grade <input type="checkbox"/> Sixth Grade		
Student's Address: _____		
City: _____ State _____ Zip Code: _____		
Is student currently enrolled in another school or preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, where: _____		
*Please attach a Letter of Recommendation from a current grade school teacher or preschool teacher.		
If you are also interested in enrolling a preschooler to Legacy Preschool, please provide the following information:		
Name: _____ Birthdate: _____		

**PARENT/GUARDIAN #1 INFORMATION**

Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Does Guardian live with student? <input type="checkbox"/> yes <input type="checkbox"/> no		
Cell Phone _____ Work Phone _____ Email _____		
Mailing Address (if student is not living with guardian) _____		
Employer _____		
Employer's Address (Street, City, State, Zip Code) _____		

**PARENT/GUARDIAN #2 INFORMATION**

Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Does Guardian live with student? <input type="checkbox"/> yes <input type="checkbox"/> no		
Cell Phone _____ Work Phone _____ Email _____		
Mailing Address (if student is not living with guardian) _____		
Employer _____		
Employer's Address (Street, City, State, Zip Code) _____		

**FAMILY INFORMATION**

Parental Marital Status: [ ] single [ ] married [ ] divorced [ ] separated [ ] widowed

Please list names/ages of siblings living in the home: \_\_\_\_\_

---

Which church does your family attend? \_\_\_\_\_

Please provide the name and phone number of a Spiritual reference (ie: pastor, Sunday School teacher, AWANA's leader, small group leader, etc) Name \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY CONTACTS- (FOR SCHOOL USE ONLY) WE MAY CALL IF PARENTS CANNOT BE REACHED**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**AUTHORIZED PICK UP (WILL NEED TO PRESENT ID WHEN PICKING UP STUDENT)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I understand that I will be notified at once in case of an emergency with my child. All decisions for medical care for my child will be made by me with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize LEGACY ACADEMY to contact the following:

Physician or Clinic: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_

**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

[ ] Yes [ ] No My child is in good health and is able to participate in school related activities and has NO special health or medical requirements.

[ ] Yes [ ] No My child is able to participate in school activities but has special health or medical requirements listed below:

**ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS:**

  

**SPECIAL MEDICATIONS OR RESTRICTIONS:**

## ACKNOWLEDGEMENTS

- A. When my child is ill, I understand and agree that he/she may not remain in school. Parent Initial \_\_\_\_\_
- B. I understand the school will take field trips/excursions and I will be notified in advance. Parent Initial \_\_\_\_\_
- C. I realize that there may be children in school for whom an immunization exemption has been filed. Parent Initial \_\_\_\_\_

## TUITION AND FEES

### Tuition – To be Announced

#### Payment options:

- \_\_\_\_\_ 1. One payment due September 1st
- \_\_\_\_\_ 2. Two payments due September 1st and February 1st.
- \_\_\_\_\_ 3. Ten payments due by the 15<sup>th</sup> of each month.

**Early Drop off- 7:30am-8:00am**--An Additional Fee will be applied

**After School Care-3:45pm-5:45pm**- An Additional Fee will be applied

**Lunch Policy**- Students will need to bring a sack lunch from home. School lunches will not be available.

## QUESTIONS

In preparation for the Family Interview, please answer these questions on the following page:

1. What is your understanding of Classical Education and why would you want a Classical Education for your child?
2. The Mission of Legacy is to..." pursue academic excellence, rooted in the truth of God's Word, and to develop fully devoted followers of Jesus Christ." How does Legacy's Mission fit with your family's worldview?
3. Briefly share your Christian testimony- how you came to know Christ.
4. How important is parent involvement in the learning process and what role do you see yourselves as parents playing in this learning process?