



Student Re-Registration Form: 2024-2025 School Year

Priority registration for families of current students is January 29-February 9, 2024. Kindergarten priority registration is open to Crossroads Preschool families beginning February 5, 2024 and open enrollment for new families begins February 12, 2024. In order to guarantee a spot in next year's class you must have your student registered before February 12, 2024.

Please list **all students currently enrolled** at Legacy that are re-registering for the 2024-2025 school year.

Student Name- First/Last	Next Year's Grade

If you wish to enroll additional children next year, please also fill out the section below.

Student Name- First/Last	Next Year's Grade

If you are enrolling additional children, you must also submit a New Student Application Packet

which can be obtained from the school website or the school office. Please remember that we open up Kindergarten registration to Crossroads Christian Preschool families beginning Feb 5th and Open Registration for all grades begins Feb 12th. To ensure there is room in the class you are registering additional children in, please submit your application prior to these dates. However, to ensure all current students re-enrolling are able to secure a spot, enrollment of any additional students in grades 1-8 will not be finalized until Priority Registration closes on February 9th and the application process has been completed. Please see the New Student Application packet for additional information.

Payment of Re-registration Fees & Tuition

Re-registration fees are due when submitting this form. If you are unable to pay the full amount at that time, please designate your proposal for an alternate payment agreement in the space provided on the back. All re-registration fees must be paid in full no later than May 31st, 2024 or your child's placement for next year may be jeopardized.

Tuition & Re-Registration Fees for 2024-2025: Please select your payment option for next year.

K-8 Tuition: \$5,800

- Payment in full before September 1st, 2024
- 12 Month Payment Plan: \$483 monthly: Only offered July-June
- 11 Month Payment Plan: \$527 monthly
 ___ Option 1: July-May Option 2: ___ Aug-June
- 10 Month Payment Plan: \$580 monthly
 ___ Option 1: August-May Option 2: ___ Sept-June

- We are able to pay the full tuition as indicated by our payment agreement above.
- We will need a tuition assistance scholarship. The scholarship amount we believe needed is \$_____.
*If you need to apply for a scholarship, you must contact Christina Cross requesting current scholarship application information and procedures. All scholarship applications are submitted online directly to our 3rd party vendor with a \$53 processing fee, which is paid directly to them. They then process the applications and provide award recommendations to the School Administrative Team who makes the final decisions. Scholarships are funded solely by donations designated specifically to the Student Scholarship Fund.
Approved scholarships are officially awarded in the order submitted to the extent scholarship funds are available to cover them.

Re-registration Fee: \$200 per student

- We are able to pay the full re-registration fee of \$200 per student in full now.
- We are unable to pay the full re-registration fee at this time. We agree to pay the full amount no later than May 31, 2024. Our payment proposal is as follows:
 \$_____ Down and \$_____ per month during the following months: _____

We intend to register our children listed above for enrollment at Legacy next year. We also commit to paying our tuition and fees on time as indicated above. We reaffirm our commitment to Legacy Christian School, its handbook and all of the admission documents we read and signed during our initial application to Legacy Christian School.

Father/Guardian Signature: _____

Date: _____

Mother/Guardian Signature: _____

Date: _____

*If you need to update any contact or employment information, please notify the office.

ENROLLMENT APPLICATION

Current Families Enrolling Additional Students

Directions: This application is to be completed by the parents or guardians. No application fee is required with this application. Make sure all appropriate parties have signed this application.

Please list **additional** children you desire to enroll at Legacy.

Name (First, Middle, Last)	Age & D.O.B.	M/F	Place of Birth	Incoming Grade

Family Information:

Children live with: Both Parents Mother Father Guardian

Please attach a copy of any legal custody arrangements or restraining orders issued by the courts that the school needs to be made aware of for the protection and well-being of your children.

Educational Information:

Name, address, & phone # of school last attended, or currently attending for each new child applying:					
1.	_____	_____	_____	_____	_____
	Student Name	School Name	Address	Phone #	Teacher's Name
2.	_____	_____	_____	_____	_____
	Student Name	School Name	Address	Phone #	Teacher's Name
3.	_____	_____	_____	_____	_____
	Student Name	School Name	Address	Phone #	Teacher's Name

Have any of the applicants ever been suspended, dismissed, or refused admission to another school? _____

If yes, please identify which child and explain:

Have any of the applicants had any disciplinary problems while attending another school? _____

If yes, please identify which child and explain:

Have any of the applicants ever skipped a grade? _____ Repeated a grade? _____ If yes, please identify which

child and explain:

Upon contacting your child's previous school, what comments could we anticipate? **NA**-My child is entering Kindergarten

Child's Name: _____

Good Student Average Student Poor Student Good Behavior Discipline Problems

Child's Name: _____

Good Student Average Student Poor Student Good Behavior Discipline Problems

Child's Name: _____

Good Student Average Student Poor Student Good Behavior Discipline Problems

Have any of the applicants been diagnosed with a learning disability? Yes No

Are any of the applicants currently on a 504 plan or an IEP? Yes No

If yes to either, please identify which child and explain (Also attach copies of any documentation or testing):

Medical Information:

Do any of the applicants have any physical disabilities? _____ If yes, please identify which child and explain:

Do any of the applicants have a diagnosis that requires special medication, treatment and/or programs? Yes No

If yes, please identify which child and explain (Also attach copies of any documentation or testing):

Are any of the applicants applying taking any regular medication? _____ If yes, please identify which child and explain:

Do any of the applicants have any severe allergies? _____ If yes, please identify which child and explain (Also attach copies of any medical documentation and treatment if exposed):

Is there any other medical information that we should know so we can better serve your children?

Financial Information:

Legacy Christian School is dependent on the timely payment of tuition as well as financial contributions above and beyond tuition to operate. According to the enclosed schedule of tuition and fees, are you able to fully pay the tuition and fees for

each student you are enrolling? Yes No Will you need a tuition assistance scholarship? Yes No

Please understand that you are responsible for your child's tuition. However, if someone else is paying the tuition please indicate that information below.

Name	Complete Address	Phone
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We have read, signed and attached the following:

- | | |
|---|---|
| <input type="checkbox"/> Most recent report card (1 st Grade and up-1 per applicant) | <input type="checkbox"/> Parent Questionnaire (1 per family) |
| <input type="checkbox"/> Most recent standardized test (If applicable, 1 per applicant) | <input type="checkbox"/> Any other necessary documentation from application |

We certify that the information given in this application is true and accurate. We authorize mutual disclosure of information between Legacy Christian School at Crossroads Church and other institutions or individuals which may be deemed necessary throughout the application process.

Father's/Legal Guardian's Signature	Date
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Mother's/Legal Guardian's Signature	Date
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- | | |
|--|---|
| <input type="checkbox"/> Most recent report card (1 per applicant) | <input type="checkbox"/> Parent Questionnaire (1 per family) |
| <input type="checkbox"/> Most recent standardized test (1 per applicant) | <input type="checkbox"/> Any other necessary documentation from application |

*No application fee required

Accepted Denied

Comments:

Notes:

Total Reg. Fees Due: \$ _____ Total paid: \$ _____ Payment Method: _____ Date: _____ Balance Due: \$ _____

PARENT QUESTIONNAIRE: RETURNING FAMILIES



Family Last Name: _____

Please help us get to know you and your child better by answering the following questions as honestly and objectively as possible. The information you give us will be shared with their teachers, but otherwise kept in strict confidence. Thank you!

1. What are some goals you have for your child in the following areas: Academically, Spiritually, Personally, Social/Emotionally?

Child #1 name: _____ Answer:

Child #2 name: _____ Answer:

Child #3 name: _____ Answer:

2. What would you say are your child's academic strengths and weaknesses?

Child #1 name: _____ Answer:

Child #2 name: _____ Answer:

Child #3 name: _____ Answer:

3. What are some of your child's interests or hobbies?

Child 1: _____

Child 2: _____

Child 3: _____

4. Is your child(ren) currently seeing a counselor, psychologist, or psychiatrist for any issues that the school should be made aware of? If yes, indicate which child and briefly explain: