



# Welcome to Legacy Christian School

You have made a great choice for your child(ren)'s education.

- Great teachers – on paper, they have great qualifications (academic degrees and a wealth of experience), but our parents are more impressed with how much our teachers and staff love our children and display their passion for education!
- Solid curriculum – to challenge your student academically.
- Well-rounded students – education is about the whole child. Our focus on developing Christian character gives them the tools they need to think through life's challenges.
- Flexible payment plans – to meet any budget.
- Extended Care – Legacy offers Extended Care both before and after school. You'll know that your child is safe and having fun while you have more flexibility in planning your day.
- Christian community – Legacy is more than a school, it's more like family. You and your child become part of a safe and loving community.

Our friendly, helpful Administrative Team members – Gail Kovach, Principal, and Karen Zbikowski and Dixie Long, Administrative Assistants – are always available to answer your questions or address your concerns.

Your Enrollment Packet includes the following information, conveniently color-coded so that you know you have what you need:

- Enrollment Forms (yellow)
  - ▶ Enrollment Application
  - ▶ Family Information Sheet (for New Families)
  - ▶ Registration Agreement
  - ▶ CLEA Membership Application
  - ▶ Emergency Contact & Medical Information
  - ▶ Liability Release
  - ▶ Field Trip Permission
  - ▶ Volunteer Driver Application
- Tuition Options & Financial Agreement (green)
- Extended Care Program (pink)
- Parent-Teacher Fellowship (blue)
- New/Transfer Student – Academic Records Request (lilac purple)

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



# Legacy Christian School ENROLLMENT APPLICATION

2009-2010 School Year

| Students' Name | Grade | DOB | Age | Gender |
|----------------|-------|-----|-----|--------|
|                |       | / / |     |        |
|                |       | / / |     |        |
|                |       | / / |     |        |

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

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

Do students live with BOTH natural parents? \_\_\_\_ If not, briefly explain: \_\_\_\_\_

| Father/Guardian's Information                     | Mother/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  |
| Are you financially responsible for this account? | Are you financially responsible for this account? |
| Church Affiliation                                | Church Affiliation                                |

**It is extremely important that all phone numbers and addresses are kept current.  
Please notify us promptly with any changes.  
In case of an emergency or illness, we will contact you immediately.**

**A birth certificate and current immunization record must be on file  
prior to the start of school.**

Received by: \_\_\_\_\_

# Legacy Christian School New Family Information Sheet

(Pre)School last attended: \_\_\_\_\_

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

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

How did you hear about Legacy Christian School? (check all that apply)

- A Legacy family
- Ad (TV, radio, flyer)
- Yellow pages
- Other \_\_\_\_\_
- Website

Please list what factors influenced your decision to enroll your student at Legacy: \_\_\_\_\_

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Where does your student attend church regularly? \_\_\_\_\_

Does the student attend AWANA, Royal Rangers, etc? \_\_\_\_\_

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

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Are there any personal issues that may impact your student's education? \_\_\_\_\_

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# Registration Agreement

for the \_\_\_\_\_ Family

**As parents/guardians who have chosen to enroll our child(ren) in Legacy Christian Elementary School, we commit to the following:**

1. Financial Commitment
  - a. We commit to paying our child(ren)'s tuition on-time according to the schedule we choose.
  - b. We understand that an over due balance on our account could result in our children not being allowed to return to school until it is paid in full as explained in the Student/Parent Handbook.
  - c. We understand that 2-weeks (10 school days) notice must be given for withdrawal and that tuition is charged on a monthly basis and will not be prorated.
  - d. We understand that no academic records will be released until accounts are paid in full.
2. Student Support
  - a. We will take an active interest in our children's schoolwork, asking them to share what they've learned and checking to see that they've completed their work.
  - b. We will check our child's backpack for the weekly newsletter that is sent home every Friday. We realize that this is Legacy's tool to communicate upcoming events to parents.
  - c. We understand that Legacy Christian School does not provide special education services. Our child(ren) is not currently on an IEP.
  - d. We will communicate regularly with our child(ren)'s teacher(s). We will share any concerns about our child(ren)'s education first with their teacher.
3. Parental Involvement
  - a. We will make every attempt to attend all school activities that our children are involved into assure them of our support. We will make it a priority to attend Back-to-School Night, Open House, and parent/teacher conferences.
  - b. We are partners with the school in the education of our children. We will support the school by giving our time, our talents, our prayers, and our resources whenever possible. We will be involved in Legacy's Parent Teacher Fellowship (PTF) or volunteer for field trips, school projects, or in our child's classroom. We will contribute 20 hours of volunteer time during the course of the school year (10 hours for single-parent families).
4. Christian Legacy Education Association Membership
  - a. We understand that CLEA (Christian Legacy Education Association) is the legal entity under which the school operates and upon enrolling my child(ren) and paying our fees, we have one vote per family at CLEA meetings.
  - b. CLEA has a board meeting once a month and two membership meetings each school year. We will make it a priority to attend the two membership meetings during the school year.
5. Extended Care: We are aware of the extended care hours and will not abuse this service.
6. School Policies
  - a. We understand that Legacy Christian School follows Washoe County School District's snow delays/cancellation policy. It is our responsibility to be aware of snow delays/ cancellations by calling WCSO's Information number (775-334-8373) or watching the morning news.
  - b. We understand that the school calendar and the Student/Parent Handbook have important information contained in them. We will refer to them often throughout the school year to keep us updated and informed of the rules and events of Legacy Christian School.
  - c. Exempt Status: We understand that *Legacy Christian School is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.*

By signing below we acknowledge that we have read and agree to the above.

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

\_\_\_\_\_  
Date



# Application for Membership

## Christian Legacy Education Association, Inc.

CLEA Membership is a requirement for enrollment at Legacy Christian School.

Name(s): \_\_\_\_\_

The Christian Legacy Education Association is a fraternal and benevolent institution which promotes quality education, wherein students can pursue **Academic Excellence**, become equipped with a **Biblical Worldview** and demonstrate **Christian Character** through the establishment and maintenance of private, non-denominational Christian schools and activities for its members and their immediate relatives.

The following CLEA criteria must be acknowledged for membership:

- I am 18 years of age or older.
- I have read the Christian Legacy Education Association's Statement of Faith. I understand that these beliefs will be taught at all of the association schools. I also understand that no denominational position will receive preferential treatment, but may be discussed in the context of non-judgmental comparison.
- I have read the Christian Legacy Education Association's Philosophy Statement. I understand that this Statement forms the basis of education at all the association schools. I acknowledge that these principles will be the driving force behind my child's education.
- I agree to pay \$30 annually (per household) to the Christian Legacy Education Association for family membership. I understand this minimum amount is to cover the costs of newsletters, mailings, etc. The CLEA membership fee must be paid prior to your student's enrollment.

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

\_\_\_\_\_  
Date



# EMERGENCY CONTACT/MEDICAL

FAMILY: \_\_\_\_\_

In an Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Please provide two additional emergency contacts.**

## **Emergency Contact #1**

Contact Name (last, first): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

## **Emergency Contact #2**

Contact Name (last, first): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

## **Doctor or Preferred Urgent Care**

Name : \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## **Dentist**

Name : \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## **Please list any Medical Considerations (Allergies, Medication, etc.) per child**

| Child: | Child: | Child: |
|--------|--------|--------|
|        |        |        |



## LIABILITY RELEASE

In the event that our minor child(ren) becomes injured or ill while attending Legacy Christian School, the \_\_\_\_\_ family absolves Legacy Christian School from liability to us, or our child(ren) because of an injury or illness which may occur. 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 if such injury or illness occurs.

We the undersigned agree that, in the event we cannot be reached in an emergency, do hereby authorize (a) the hospital most accessible during the time of the accident or illness, (b) the physician or dentist selected by a Legacy Christian School representative to hospitalize secure proper treatment, order an injection, anesthesia, or surgery for my/our child(ren), or (c) a staff member of Legacy Christian School, as agent(s) for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

By signing this form, we parent(s)/guardian agrees to assume and accept all risks and hazards inherent. We the undersigned also agree NOT to hold Legacy Christian School, 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):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# FIELD TRIP PERMIT

## 2009-2010

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

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

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

We understand that throughout the school year our child may have the opportunity to take part in educational excursions and recreational field trips, either by private cars, bus, 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 we may revoke this permit at anytime in writing and refuse to allow our child to take a particular field trip. We will notify the administrator of the school in writing stating our request.

We also understand that field trips may be used as an incentive to encourage students to do their best. Students with inappropriate behavioral issues may not be allowed to go on a trip. It is detrimental to the school program to allow students to return home if they do not qualify or if they do not want to go on a particular trip. Field trip days do count as regular school days.

An informational flier will be sent home in ample time before each field trip to give specific times, costs, and guidelines for proper attire. Costs for field trips will vary, depending on the destination.

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 if an illness or injury while your child is at this function.

Yes, my child **MAY** attend field trips.

No, my child **MAY NOT** attend field trips.

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

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

In the event I cannot be reached in an emergency, I 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 my child.

Please provide your health insurance policy information:

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

Insured Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Volunteer Driver Application Form 2009-2010 School Year

We often need help in transporting students on field trips. Our school parents have been generous in their assistance. 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 with such needs during the school year, **please fill out this form and return it (along with copies of your driver's license and your current vehicle insurance card)** to the school. 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.: \_\_\_\_\_ Expire Date: \_\_\_\_\_

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

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

- Yes  No Are you licensed to drive a commercial vehicle?
- Yes  No Have you been in an accident or ticketed for moving violations (circle one) in the last three years? If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.
- Yes  No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? (Note: Our school will not be able to use volunteers with a "yes" answer.)

### I certify that for the 2009-2010 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 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. The school's insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is the only coverage that most nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers.)
- ✓ I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, and 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 seat will be secured in individual working seatbelts. (No double belting of children is permitted.) As required by state law, each child (provided by child's parent) will have a child restraint seat for each child not meeting the state seatbelt law requirement of 6 years old *and* 60 pounds.
- ✓ 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 field trip.
- ✓ 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. The information given on this form is true and correct to the best of my knowledge.

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

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Disapproved



## Tuition Options 2009-2010

| Grade Level  | Annual Base Tuition | Payment Options |          |          |             |            |
|--|---------------------|-----------------|----------|----------|-------------|------------|
|  |                     | 12-month        | 10-month | 9-month  | Semi-annual | Annual     |
| <b>Kindergarten</b>  |                     |                 |          |          |             |            |
| Full Day   | \$4,905.00          | \$408.75        | \$490.50 | \$545.00 | \$2,409.58  | \$4,782.38 |
| w/ Extended Care   | \$5,895.00          | \$491.25        | \$589.50 | \$655.00 | \$2,895.92  | \$5,747.63 |
| 1/2 day (no lunch)   | \$3,600.00          | \$300.00        | \$360.00 | \$400.00 | \$1,768.50  | \$3,510.00 |
| 1/2 day (w/ lunch)   | \$4,410.00          | \$367.50        | \$441.00 | \$490.00 | \$2,166.41  | \$4,299.75 |
| <b>Elementary School (1<sup>st</sup> – 5<sup>th</sup>)</b> |                     |                 |          |          |             |            |
| 1 <sup>st</sup> Child                                      | \$4,500.00          | \$375.00        | \$450.00 | \$500.00 | \$2,210.63  | \$4,387.50 |
| 2 <sup>nd</sup> Child                                      | \$4,050.00          | \$337.50        | \$405.00 | \$450.00 | \$1,989.56  | \$3,948.75 |
| 3 <sup>rd</sup> or subsequent Children                     | \$3,600.00          | \$300.00        | \$360.00 | \$400.00 | \$1,768.50  | \$3,510.00 |
| <b>Elementary School w/ Extended Care</b>                  |                     |                 |          |          |             |            |
| 1 <sup>st</sup> Child                                      | \$5,490.00          | \$457.50        | \$549.00 | \$610.00 | \$2,696.96  | \$5,352.75 |
| 2 <sup>nd</sup> Child                                      | \$4,941.00          | \$411.75        | \$494.10 | \$549.00 | \$2,427.27  | \$4,817.48 |
| 3 <sup>rd</sup> or subsequent Children                     | \$4,392.00          | \$366.00        | \$439.20 | \$488.00 | \$2,157.57  | \$4,282.20 |
| <b>Middle School* (6<sup>th</sup> – 8<sup>th</sup>)</b>    |                     |                 |          |          |             |            |
| 1 <sup>st</sup> Child                                      | \$4,725.00          | \$393.75        | \$472.50 | \$525.00 | \$2,321.16  | \$4,606.88 |
| 2 <sup>nd</sup> Child                                      | \$4,252.50          | \$354.38        | \$425.25 | \$472.50 | \$2,089.04  | \$4,146.19 |
| 3 <sup>rd</sup> or subsequent Children                     | \$3,780.00          | \$315.00        | \$378.00 | \$420.00 | \$1,856.93  | \$3,685.50 |
| <b>Middle School* w/ Extended Care</b>                     |                     |                 |          |          |             |            |
| 1 <sup>st</sup> Child                                      | \$5,715.00          | \$476.25        | \$571.50 | \$635.00 | \$2,807.49  | \$5,572.13 |
| 2 <sup>nd</sup> Child                                      | \$5,143.50          | \$428.63        | \$514.35 | \$571.50 | \$2,526.74  | \$5,014.91 |
| 3 <sup>rd</sup> or subsequent Children                     | \$4,572.00          | \$381.00        | \$457.20 | \$508.00 | \$2,246.00  | \$4,457.70 |

\* Middle school tuition includes Wolf Mountain science camp.

### Annual Fees (non-refundable)

Registration: \$400.00 per student  
CLEA Membership Fee: \$30.00 (per family)

If registering more than one child, a registration fee for one child is due when the application is submitted to the office. Fees for additional children must be paid in full by August 1, 2009. Families whose accounts are not current may not register their children until the past due balance has been paid.



# FINANCIAL AGREEMENT 2009-2010

## FINANCIALLY RESPONSIBLE PARTY INFORMATION

|                        |                         |                   |
|------------------------|-------------------------|-------------------|
| First Name             | Middle Initial          | Last Name         |
| Address                | City                    | State             |
|                        |                         | Zip Code          |
| Social Security Number | Relationship to Student | Occupation        |
|                        |                         | Employer          |
| Home Phone Number      | Work Phone Number       | Cell/Pager Number |

## STUDENT INFORMATION

| First Name | Last Name | 2009-2010 Grade | Office Use Only<br>Annual Tuition |
|------------|-----------|-----------------|-----------------------------------|
|            |           |                 |                                   |
|            |           |                 |                                   |
|            |           |                 |                                   |

## PAYMENT OPTIONS

| Payment Options                   | 12-month   | 10-month   | 9-month  | Semi-Annual<br>Payments (1.25%<br>discount) | Annual Payment<br>(2.5% discount) |
|-----------------------------------|--|--|--|---|-----------------------------------|
| Payment Due Date                  | Monthly on the 10 <sup>th</sup><br>Jun 2009–May 2010 | Monthly on the 10 <sup>th</sup><br>Aug 2009–May 2010 | Monthly on the 10 <sup>th</sup><br>Sep 2009–May 2010 | Aug 10, 2009 and<br>Jan 10, 2010            | August 10, 2009                   |
| Office Use Only<br>Payment Amount |  |  |  |   |                                   |

**Please choose one of these payment options:**

- 12 Monthly Payments     
  10 Monthly Payments     
  9 Monthly Payments  
 Semi-Annual Payments     
  Annual Payment

A late fee of \$25 will be assessed to your account if any payment is not received by the 20<sup>th</sup> of the month. Additional fees of \$25 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 equivalent to the bank charge and applied to your account. Returned checks will not be re-deposited.

**NO** student records will be released from the school until all payments are paid in full. A months notice must be given if you withdraw your child from school. Without such notice no portion of the monthly tuition will be returned. If a child is expelled from school there will be no refund of tuition or fees.

**By signing below we understand and agree to these terms and conditions.**

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

\_\_\_\_\_  
Date



# **Legacy Christian School**

## **Extended Care Program**

2009-2010 School Year

The Extended Care Program at Legacy is making preparations for a great 2009-2010 school year. Staffing, scheduling, and logistics are already being arranged. We are asking that you carefully look over the enclosed information because we have made changes to our program so that we may better serve you and your children.

### **Elementary Before School Hours**

7:00 – 8:20 am

Children dropped off after 8:20 will not accrue charges.

### **After School Hours**

3:15 – 6:00 pm

Once checked into after-care, you will be charged.

You must sign your child out of the program.

We provide an afternoon snack and offer a homework room Monday through Thursday 3:45 – 4:45 pm. Optional crafts are available on Monday, Wednesday, and Friday.

Cost: **Unlimited use for \$110 per month per child**

**\$4 per child per hour** in ½ hour increments with a maximum daily charge of **\$8**

Late Fee: **\$1.00 per minute/per child after 6:00 pm.**

Billing for this program is done monthly, and all accounts are due and payable by the 10<sup>th</sup> of each month or you will be charged a \$25 late fee. If your account is not current, you will not be able to use the Extended Care Program.

Your child(ren)'s safety is of the utmost importance to us, and all of our employees are trained and fingerprinted. If you have any questions, please call us at 424-1777.

Thank you for entrusting your child(ren) to us. We feel honored and blessed to be able to take care of your children in a safe and loving Christian environment. We look forward to seeing you child(ren) soon!

**Please return the Extended Care Program registration form to the school office with your application, even if you do not plan on using the program.**



# Legacy Christian School Extended Care Program

2009-2010 School Year

Monthly Rate

Occasional Use

I will not be using Extended Care

Student's Name

Grade

Teacher

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Mother's Name: \_\_\_\_\_

List all phone #s we should use, in order:

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Father's Name: \_\_\_\_\_

List all phone #s we should use, in order:

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The following person(s) may pick up my child(ren):

Name

Contact #

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**Please list any medical conditions, allergies, or other information we should know.**

Child:

Child:

Child:

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# ACADEMIC RECORDS TRANSFER AUTHORIZATION

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

My child(ren) last attended:

School: \_\_\_\_\_

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

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

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I, \_\_\_\_\_, the parent/guardian, authorize you to release information on my child/children listed below to:

Legacy Christian School  
6255 Pyramid Highway  
Sparks, NV 89436  
(775) 424-1777 | Fax (775) 424-6670

## STUDENT INFORMATION

| Last Name | First Name | Age | Grade Level at time of withdrawal |
|-----------|------------|-----|-----------------------------------|
|           |            |     |                                   |
|           |            |     |                                   |
|           |            |     |                                   |

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

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