



1421 S 13th Street
PO Box 88
Holdrege, NE 68949
Phone- (308) 999-5750
Fax- (308) 999-5948
lcsoffice@legacychristianlions.org

Previously Enrolled STUDENT APPLICATION PACKET

Dear Families,

Thank you for continuing to entrust us with your students at Legacy Christian School! We are excited to continue what God is doing at Legacy in the 2024-2025 school year. In the following packet you will find the previously enrolled version of the Student Application, Statement of Faith, Enrollment Policies, and Health History Form. Please take time as you read through and fill these out, if there are any questions as you go along, we welcome communication and discussion. Keep in mind that spots cannot be held with incomplete applications. We also ask that you complete additional applications for each student re-enrolling at Legacy. Below is a summary checklist of what is required to submit along with the application no later than **February 9, 2024**. APPLICATIONS WILL NOT BE CONSIDERED COMPLETE UNTIL ALL OF THE FOLLOWING ITEMS ARE PROVIDED:

Preschool Applicant:

- Completed Previously Enrolled Student Application Form
- \$50 non-refundable Application Fee
- \$220 non-refundable Preschool holding fee (will be applied to first month's tuition cost)
- Updated immunization record and health history form

Full time Kindergarten – 6th grade Applicant:

- Completed Previously Enrolled Student Application Form
- \$50 non-refundable Application Fee
- Updated immunization record and health history form
- Students enrolling in kindergarten should provide the latest progress monitoring report or preschool report card, if applicable.

Completed applications and fees may be mailed to Legacy Christian School or dropped off during school hours.

GO LIONS!



Previously Enrolled STUDENT APPLICATION

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Application Date: ___ / ___ / ___

Student's Legal Name _____
Last First Middle Nickname

Home Address _____ Home Phone _____

City _____ State _____ ZIP Code _____

Date of Birth ___ / ___ / ___ Male Female Current Church Attending: _____

Currently in Grade (please circle) PK K 1 2 3 4 5

Applying for Grade (please circle) PK K 1 2 3 4 5 6

	YES	NO	_____ If yes on any of the following questions, please explain:
Does your student have a current IEP or 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has student been tested for any educational disabilities or learning delays?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever declined services for this student?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Parent/Guardian Information – Only need to fill out if there are changes.

NO changes to our previous information.

Guardian 1:	Guardian 2:
Full Name _____	Full Name _____
Relationship to Student _____	Relationship to Student _____
Address _____	Address _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Work phone _____	Work phone _____
Cell phone _____	Cell phone _____
Main E-mail _____	Main E-mail _____

STUDENT APPLICATION

NAME:

DATE RECEIVED:

Statement of Faith

1. The Bible

We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God, and the final authority in faith and life. (2 Timothy 3:16-17, 2 Peter 1:20-21)

2. The Trinity

We believe in One God, Creator and Redeemer, eternally existent in three persons- Father, Son, and Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30)

3. Christ Jesus

We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).

4. Salvation

We believe that the Lord Jesus Christ died as a representative and substitutionary atonement, fully justifying all those that repent of their sins and put their faith in Him. By God's grace we are saved by faith alone. We believe believers have the presence of the Holy Spirit indwelling in them enabling them to live a Godly life. (John 1:12-13, 3:16; Ephesians 1:7, 2:8-10, 4:30; Romans 3:23, 8:13-14, 10:9-10; 1 Corinthians 3:16)

5. Eternal State

We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life (Heaven), and that they are lost unto the resurrection of condemnation (Hell). (John 5:28-29)

6. The Body

We believe in spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9; 1 Corinthians 2:12-13; Galatians 3:26-28)

7. Gender, Marriage & Sexuality

We believe that God has established marriage as a lifelong, exclusive relationship between one man and one woman and that all intimate sexual activity outside the marriage relationship whether heterosexual, homosexual, or otherwise, is against God's design and therefore sin. (Genesis 2:20-24; Matthew 19:4-6; Romans 1:18-31; 1 Corinthians 6:9-10, 15-20; Jude 1:7) We believe that God created the human race male and female and that all conduct with the intent to adopt a gender other than one's birth gender is against God's design and therefore sin. (Genesis 1:27; Deuteronomy 22:5)

8. Creation

We believe that God created the heavens, the earth and everything in them. (Genesis 1)

Guardian 1: I have read Legacy Christian School's Statement of Faith and I am willing to have my child taught in accordance with it. In addition, I pledge my cooperation with LCS in encouraging my child to follow these teachings.

Signature: _____ Date: _____

Guardian 2: I have read Legacy Christian School's Statement of Faith and I am willing to have my child taught in accordance with it. In addition, I pledge my cooperation with LCS in encouraging my child to follow these teachings.

Signature: _____ Date: _____

Enrollment Policies

Phelps County Christian, Inc. d/b/a Legacy Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It doesn't discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Parents/guardians are required to sign all areas of the student application, including all consent and release forms.

- Parents have the ultimate responsibility for the decision regarding where their children should attend school.
- Each student should have a genuine desire (cooperative spirit) to attend.
- Each transferring student must be in good standing academically and behaviorally at their present school.
- Each family is expected to be in harmony with and supportive of the school's position and spiritual goals.
- Each family is to understand their child will be taught according to the school's **Statement of Faith**.
- Preschool students must be at least 3 years old (and potty trained) on or before July 31st.
- Kindergarten students must be at least 5 years old on or before July 31st.
- First grade students must be at least 6 years old on or before July 31st.
- A waiting list is established for qualified students after all openings are filled; you will be notified if placed on the waiting list.
- All new students are put on a one-quarter assimilation period.
- Legacy Christian may be unable to adequately serve students with:
 - Consistently low academic performance as indicated by achievement testing, the professional observations of qualified teachers, and/or having failed the most recent grade prior to application.
 - A history of significant emotional or disciplinary problems at a current school.
 - A physical handicap which would impair the learning process under typical school conditions.
 - A learning disability for which Legacy does not have adequate staff or resources to help with.



Health History Form

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Student Name _____ Student DOB: ____ / ____ / ____
 Last First Student Ethnicity: _____
 Physician Name & Clinic _____ Date of Last Exam: ____ / ____ / ____

Allergy statement:

Student has life-threatening bee sting allergies or food allergies. YES NO **If yes, a written note from student's physician stating specific instructions for Legacy Christian is required.**

Other Allergies: (please specify here)

Conditions/Concerns:

Does this student have: (please mark all that apply) <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Physical Concerns <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Asthma <input type="checkbox"/> Kidney Problems <input type="checkbox"/> Ear Infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Emotional Concerns <input type="checkbox"/> Orthopedic Concerns <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Other	Please provide information about the conditions/concerns and how it is managed:
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Does student have any hearing or vision concerns?
 Yes No (if yes, please explain)

Has student had recent injury or illness that might limit him/her in school?
 Yes No (if yes, please explain)

Has student had any surgeries in the past year?
 Yes No (if yes, please explain)

Please provide a list of any medication(s) your child will be taking at school: Any medication taken at school must be in an original, correctly labeled container from the pharmacist with the child's name on the label, pharmacy name, physician's name, name of medication, dosage and time it is to be administered. Your doctor must also send a signed form to the school.	Please list any medication(s) your child will be taking at home:
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Parent/Guardian Information – Emergency Contact Information

Parent/Guardian to Contact 1st		Parent/Guardian to Contact 2nd	
Full Name		Full Name	
Work phone		Work phone	
Cell phone		Cell phone	
Main E-mail		Main E-mail	

If parent/guardian is unable to be contacted, please list at least two local emergency contact persons.

Name	Phone	Relationship to student

In Case of an Emergency Yes <input type="checkbox"/> No <input type="checkbox"/>	I(We), as parent(s) or guardian(s) of the student named at above, give my (our) permission to take my (our) child to the hospital emergency room or doctor's office in the case of an emergency in the event I(we) am(are) not available. I(We) understand that all efforts will be made to contact a parent, guardian, or emergency contact before a school representative takes the student to the emergency room or to a physician's office unless it is an emergency situation.
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Parent/Guardian Signature(s): _____ Date: _____

STUDENT HEALTH HISTORY

NAME: