

# LEGACY CHRISTIAN ACADEMY

## New Student Information Form – 2018/2019

Student's First Name: \_\_\_\_\_

Student prefers to be called: \_\_\_\_\_

Gender: M F Entering Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**Parent Contact Information:**

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Last Name: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Student lives with: Both / Father / Mother

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

Home Phone #: \_\_\_\_\_

F Cell #: \_\_\_\_\_ M Cell #: \_\_\_\_\_

[Please circle # above as preferred first contact #]

Please affix a recent **student photo** here.

Please affix a recent **family photo** here.

\* Whether you are new to LCA or a returning family, our request for photos is simply to help our staff associate names with faces as we prepare for the school year.  
Thank you for your help!

Allergies or Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

1. Student previously attended: \_\_\_\_\_ Years in Public School \_\_\_\_\_ Years in Private School \_\_\_\_\_ Years in Home School

What curriculum has been used?

Math: \_\_\_\_\_ Reading/Language Arts: \_\_\_\_\_

History: \_\_\_\_\_ Science: \_\_\_\_\_ Other: \_\_\_\_\_

Please provide the names of any previous schools your child has attended:

**School Name**

**Grade Attended**

**School Address/Phone #**

\_\_\_\_\_  
\_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. How does your son/daughter feel about the possibility of coming to Legacy Christian Academy?  
 Excited  Nervous  Cautious  Concerned about friends  Concerned about new teachers

Concerned about curriculum  Quiet  Other: \_\_\_\_\_

3. Please describe your child. What do you consider his/her strengths in the following areas?

Academically: \_\_\_\_\_

Socially: \_\_\_\_\_

Physically: \_\_\_\_\_

What is an area that your child most excels? \_\_\_\_\_

What would you consider his/her weaknesses in these same areas?

Academically: \_\_\_\_\_

Socially: \_\_\_\_\_

Physically: \_\_\_\_\_

What is an area in which your child may struggle? \_\_\_\_\_

4. Has your child displayed social, behavioral or disciplinary issues that would be helpful for us to know about and understand? Y N

If yes, please explain how this has been addressed: \_\_\_\_\_

Has this approach proved effective in helping your child? \_\_\_\_\_

5. Has your student been tested for any of the following? Y N

(If yes, please give the date(s) for each test and explain below)

\_\_\_\_\_ Speech/Language \_\_\_\_\_ Attention Deficit/Hyperactivity Disorder

\_\_\_\_\_ Dyslexia \_\_\_\_\_ Attention Deficit Disorder

\_\_\_\_\_ Developmental Delays \_\_\_\_\_ Other

\_\_\_\_\_ Autism Spectrum Disorders

Note: If he/she has been tested and/or diagnosed with any learning disability and/or processing disorder, **we need to know**. Please share below. (We are not looking to "label" your child, but LCA does reserve the right to determine if our program can meet his/her needs.)

\_\_\_\_\_  
\_\_\_\_\_

6. Has this student expressed an interest in a personal relationship with Jesus Christ? Y N

(We realize this may be premature for some of our younger students.)

Please share some details about their interest and openness to spiritual things: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to share with our staff about your student that would help us to be more effective in our work with him/her? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(Please feel free to attach additional paper, if needed)*