



LEGACY

**PREPARATORY CHRISTIAN
A C A D E M Y**

“SETTING THE FOUNDATION TODAY, FOR ACADEMIC SUCCESS TOMORROW”

ENROLLMENT PACKET

6600 Old National Highway
College Park, GA 30349
Phone: 404.514.8012

Legacy Preparatory Christian Academy

Enrollment Checklist

What is the enrollment process?

- ___ Schedule a tour
- ___ Complete the enrollment packet in its entirety
 - ~Enrollment Packet includes:
 - ___ the application
 - ___ case history form/parental questionnaire
 - ___ Release of Records Form
 - ___ Consent to Evaluate
- ___ Submit packet with the application fee(the application fee is non-refundable)
- ___ Submit all grade reports, standardized test results, etc.
- ___ Schedule student and parent interview/testing/admissions determination
- ___ Remit enrollment fees(registration and curriculum fees)
- ___ Review handbook to include school policy and schedule
- ___ Parental agreement signed
- ___ Remit tuition fees.

Criteria for Admissions

*Legacy Preparatory Christian Academy reviews all submitted information to make an adequate determination regarding admission. LEGACY considers the following: *current academic skills, *behavior skills, *verbal skills, *cognitive ability, *family support, and *financial stability. LEGACY does not discriminate on the basis of race, color, nationality, and ethnic origin in administration policies, admissions policies, scholarship and other school programs.*

Legacy Preparatory Christian Academy

Enrollment Application

Student's Full Name: _____

Date of Birth: ____/____/____ Sex: F or M Race: _____ Grade: _____

Parent's Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Student lives with: () Both parents () Mother () Father () Other

If other was selected, please explain: _____

Are there any non-custodial parental restrictions? () Yes () No

If yes, please explain and include any necessary court documents:

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Authorized Pick Up Information: Please indicate those authorized to pick up your child(ren), in your absence. Parent's Signature: _____

Name	Relation	Driver's License #	Phone #

Legacy Preparatory Christian Academy
Case History Form/Parent Questionnaire

Education History

Please list all previous school(s)(K-5 only):

Name of School	Duration
	___/___/___ - ___/___/___
	___/___/___ - ___/___/___
	___/___/___ - ___/___/___

Has the student been professionally evaluated and/or diagnosed with any disorder that would affect him/her academically? () Yes () No

Has the student ever received services through an IEP in a public school setting? () Yes () No

If so, please provide a copy of the IEP (Individualized Education Program) documentation.

Check all that apply:

___Speech and/or Language Delays ___ADD ___ADHD ___Autism

___Hearing Problems ___Vision Problems ___Dyslexia

___Behavioral Issues ___Emotional Issues ___Communication Disorder

___Cognitive Deficits/Intellectual Disability

List all medical concerns that we should be made aware of?

Are there any medications that should be administered throughout the day? () Yes () No

Medications	Dosage	Times of Admission

Legacy Preparatory Christian Academy

Case History Form/Parent Questionnaire(cont.)

Family Information

Father's First Name: _____ Last Name: _____

Father's Occupation: _____

Length of time in this position: _____

Previous Occupation if previous response is less year: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Mother's First Name: _____ Last Name: _____

Mother's Occupation: _____

Length of time in this position: _____

Previous Occupation if previous response is less year: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Legacy Preparatory Christian Academy

Release of Records Request Form

Date: ____/____/____

To: _____

The following student has applied for admission to Legacy Preparatory Christian Academy. We have obtained permission from the parent (signature below) request all necessary documentation for our records. Please forward the following: ____attendance records, ____grades, ____test scores, ____discipline records, ____Individualized Education Plan, ____immunization certificate, ____birth certificate, and ____hearing-vision-dental screening certificate.

Student Name: _____

Entry Date: _____ Grade Level: _____ DOB: ____/____/____

Parent's Name: _____ Parent's Signature: _____

In advance, thank you for your cooperation. You may forward all documents and transcript to:

Legacy Preparatory Christian Academy

6600 Old National Highway

College Park, GA 30349

Phone: 404.514.8012

Legacy Preparatory Christian Academy

Consent to Evaluate

Legacy Preparatory Christian Academy would like to make adequate recommendations to meet the needs of all students. In doing so, we obtain permission to conduct testing, evaluations, observation, etc. in order to have baseline data for each student admitted. The following areas include but may not be limited to: academic, speech and language, behavioral, and cognitive/intellectual.

I, _____, grant permission to have my child(ren) evaluated for
Parent's/Legal Guardian's Printed Name
enrollment purposes.

Parent's Signature: _____

Once the evaluation process has been completed, the LEGACY staff will share all results with the parent during the parent meeting/interview. We will also discuss further recommendations and/or move forward with enrollment process.

Legacy Preparatory Christian Academy

Uniform Policy and Fees

We follow a strict uniform rule and require them to be worn

Monday – Thursday, unless stated otherwise by Academy Administration

Friday is a free dress day!

**If you wear a Legacy T-Shirt/Sweatshirt on Friday, you get an extra special treat!*

UNIFORM CHOICES FOR GIRLS AND BOYS

Polo Shirts (Navy, Hunter Green, or Yellow) that are available through purchase from Legacy Preparatory Christian Academy

\$17 per Polo with Academy Logo (S – XL)

**\$3 More for any size above XL*

Khaki Pants, Shorts or Skirts (Khaki or Navy) are not available to purchase through Legacy Preparatory Christian Academy

Sneakers/Shoes (All Black or All White) are not available to purchase through Legacy Preparatory Christian Academy

**Shoes must be safe and practical for active play. Flip-flops, sandals, and wheeled shoes are not acceptable.*

Monday through Thursday, shirts are not mandatory to be tucked in.

Friday is free dress day, each student can wear any school appropriate item of their choice (jeans, t-shirt, polo, etc.)

BOOK FEES

ABEKA Book (K4) \$60.39

ABEKA Book (K5) \$89.55

ABEKA Book (1st Grade) \$209.16

ABEKA Book (2nd Grade) \$289.60

**Prices listed for Book fees are subject to change, due to the current sales price.*

Legacy Preparatory Christian Academy

Tuition Fees/Payment Options

We are a private school and operate solely on tuition fees.

Legacy Preparatory Christian Academy operates on a 10 month calendar year.

Full tuition is due regardless of the amount of days in attendance.

2025-2026 Tuition Fees/Payment Schedule:

Weekly, Monthly, Semi-Annually & Annually Payment Options <i>*Receive a 5% discount if you pay Annually and a 2.5% if you pay Semi-Annually</i>
Pre-K4 & Kindergarten \$185.00 1st, 2nd & 3rd Grade \$195.00 <i>*Zelle Payment</i>
Payment Due Date
Beginning of Every Week (Monday's)

Afterschool Program Fees

Hours: 3:15pm - 5:30pm

LPCA Students enrolled full-time in the academy will be charged \$10 per day for beforecare and aftercare. Aftercare begins at 3:15pm

****All delinquent payments may be subject to a late fee. Non-payment of tuition will result in the student being dis-enrolled until balance has been satisfied. Please keep in mind that school records cannot be released with an unsatisfied balance***

In accordance with provision established by Georgia Law (O.C.G.A. 20-2-690.1) requiring that every parent, guardian, or other person(s) residing within this state having control or charge of any child(ren) between six and sixteen years of age shall enroll and send such child to a public school, a private school, or a home study program, I hereby give notice to the superintendent of _____ School System, of my intent to provide for the child(ren) named below a home instruction program that meets the following requirements.

1. Parents or guardians may teach only their own children in the home study program, provided the teaching parent or guardian possesses at least a high school diploma or a general educational development (GED) equivalency diploma, but the parents or guardians may employ a tutor who holds a high school diploma or a general educational development diploma to teach such student;
2. The home study program shall provide a basic academic educational program which includes, but is not limited to, reading, language arts, mathematics, social studies, and science;
3. The home study program must provide instruction each 12 months to home study students equivalent to 180 school days of education with each school day consisting of at least four and one half-school hours unless the child is physically unable to comply with the rule provided for in this paragraph;
4. Attendance records for the home study program shall be kept and shall be submitted at the end of each month to the school superintendent of the local school district in which the home study program is located. Attendance records and reports shall not be used for any purpose except providing necessary attendance information, except with the permission of the parent or guardian of a child, pursuant to the subpoena of a court of competent jurisdiction, or for verification of attendance by the Department of Driver Services for the purposes set forth in subsection (a.1) of Code Section 40-5-22 (Teenage and Adult Driver Responsibility Act). *Because Code Section 40-2-22 applies to students above the age of 16, monthly attendance records should continue to be submitted for students who will be requesting a Certificate of Attendance in order to obtain their instruction permit or driver's license.*
5. Students in home study programs shall be subject to an appropriate nationally standardized testing program administered in consultation with a person trained in the administration and interpretation of norm reference tests to evaluate their educational progress at least every three years beginning at the end of the third grade and records of such test and scores shall be retained but shall not be required to be submitted to public educational authorities; and
6. The home study program instructor shall write an annual progress assessment report which shall include the instructor's individualized assessment of the student's academic progress. Reports shall be retained by the parent(s) or guardian of children in the home study program for the period of at least three years.

Special Education	Name of Student(s) Enrolled	Date of Birth

*Indicate by placing an "X" next to the name of any student who is identified as or suspected of needing special education services. Please note this section is optional. The school year for this home study program is a 12-month period from __/__/__ to __/__/__, I will notify the superintendent in my address changes or if I discontinue the home school program.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Address: _____ **City:** _____ **State:** _____

1) HOURS OF OPERATION

School Hours: 8:00AM-3:00PM

Before Care: 7:00AM-7:30PM

After Care: 3:31PM-6:00PM
Saturday & Sunday: Closed

Legacy Prep: Follows the Fulton County School System schedule for Holidays

2) TUITION FEES

Tuition fees include all sick days, holidays, and vacation time- these are paid days.

Fees are based on enrollment not attendance. Refunds and credits will not be given for days when your child does not attend School.

Full Time: (0-5 days per week) \$140.00 weekly (*Pre-K through Kindergarten*)
\$155 weekly (*1st, 2nd & 3rd Grade*).

Afterschool: \$10.00 per day, begins after 3:31pm

3) PAYMENT POLICY

Parents agree that all weekly fees be paid in advance on Monday of each week. Unpaid fees + late fees is subject for your child to immediate suspension or termination of agreement between LPCA and Family.

4) ILLNESS POLICY

Please advise the school prior to 8:00 am if a child will not be attending school due to illness.

Parents agree that a child who is ill (e.g. fever, infection, diarrhea, communicable disease, or any other type of illness that may be passed on to others, including a severe common cold-consisted coughing, sneezing, and drainage from the nose) will be kept at home to protect the well-being of staff and the other students in the school. The parents further agree should a child become ill while in school that immediate arrangements will be made to remove the child from the school. Students will not be allowed to return to school until they have been symptom free for at least 24 hours. In some cases, a note from a doctor may be necessary.

5) LATE ARRIVAL/PICKUP POLICY

Please advise the school prior to 8:00am if your child will be arriving later than the start of class time.

Please advise the school immediately if you will be arriving later than the end of school day (3:00pm) to pick up your child. It is the parents' responsibility to ensure that children are picked up no later than 3:15pm or 6:00pm for afterschool. If you are not able to pick up your child by 6:00pm alternate arrangements must be made. Please notify the school if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form. In the event that a parent cannot be contacted, it is the policy of Legacy Preparatory Christian Academy to call an emergency contact should a child remain in care after 6:15pm. A late fee of \$5 for the first 5 minutes and \$2 per minute thereafter begin at 6:31pm. This late fee is due and payable upon pickup or will be added, a weekly tuition fee with unless other arrangements have been accepted by the Principal.

6) TERMINATION

Legacy Preparatory Christian Academy reserves the right to suspend or terminate enrollment of any student without notice, should it be deemed necessary for the overall safety and well-being of staff and students.

7) **WITHDRAWAL**

Parents agree that a minimum notice of one full month (notice to be given on the first of any given month) will be given for permanent withdrawal of any child from care or agree to pay a months fee in lieu of. No exceptions will be made.

8) **FREE DAY FRIDAY**

Friday's are reserved for Show & Tell. Each student may bring special items on this day. These items will be kept in cubbies until show & tell time. The first half of the day is Full Focus, the second half is free.

9) **DEPOSIT/REGISTRATION**

A non-refundable deposit fee of \$100.00 (per student) is required upon completion of registration to secure your child's placement in school. This deposit is non-refundable. Spaces will not be held unless the deposit fee is paid in full.

Registration is not complete, and will not commence until all the paper work is completed. Prior to the first day of school, the following must be received by Legacy Preparatory Christian Academy for each student:

1. Registration Form
2. Immunization Record
3. Parent/Contract
4. Non-Refundable Deposit

10) **PICKUP/DROP OFF TIMES AND PAYMENT**

It is further agreed that your child/ren will start attending the LPCA on _____. Arrival time will be at _____ a.m. and pickup time will be at _____ p.m. Your first payment will be due on _____ in the amount of \$ _____. All payments thereafter will be due on the first of each week in advance in the amount of \$ _____.

Other: _____

Legacy Preparatory Tuition Policy Contract

By signing this contract please understand that you are legally agreeing to the terms and conditions set forth in this contractual agreement between you, the parents and Legacy Preparatory Christian Academy also referenced to as LPCA

Terms & Conditions

I/We _____ agree to honor this tuition agreement by first paying a non-refund enrollment fee of \$_____ and understanding after that I am obligated to my tuition payment of \$_____, paid weekly _____, monthly, or annually_____. Weekly, monthly & annual payments are non-refundable. In the event that the school is temporarily closed due to the Covid-19 pandemic, I understand that I am still responsible for tuition payments for those weeks.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

*Please sign and return contract agreement

*Parent keeps copy of agreement

Legacy Preparatory Christian Academy Agreement/Contract

I/We _____ / _____ have read and agree with the above statements.
(please print)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

*Note: If child in custody of both parents then two signatures are required.

Principal

Date

*Please sign and return contract agreement

*Parent keeps copy of agreement