

# LIFE CHRISTIAN ACADEMY



## New Middle & High School Students

### Tuition and Fees 2021/ 2022 School Year

**Non-Refundable Application Fee: \$75.00 per student**

**Non-Refundable Enrollment Fee: \$200.00 per student**

**6th - 12th Grade Annual Tuition: \$6,922.00** (There are monthly payment plans available thru our tuition management company and a 3% discount if tuition is paid in full by the first day of classes.)

Available payment plans: 11 month plan (August-June) \$629.28/Month - Offered for students in 6th thru 11th grades  
Enrollment must be complete by July 31, 2021 to qualify for 11-month payment plan.

10 month plan (August-May) \$692.20/Month Tuition & Fees for 12th Grade students  
9 month plan (September-May) \$769.12/Month will be set up on a plan ending in May.

After we process your Enrollment forms and fees, a contract will be sent to you. Enrollment is not complete until your signed contract and all other necessary paperwork is returned to the school and your financial account is set up.

6th thru 12th grade classes are held at our Harrowgate Campus, 16801 Harrowgate Road, South Chesterfield - 8:15 am to 2:45 pm

- ◆ Enrollment must be complete by July 15th to qualify for the 11-month payment plan. Tuition for 12th grade students will be set up on a plan ending in May. Previous year's account must be paid in full before new contract/billing begins.
- ◆ 6th thru 12th grade classes are held at our Harrowgate Campus 16801 Harrowgate Road, South Chesterfield - 8:15 am to 2:45 pm
- ◆ After we process your Enrollment paperwork and fees, a contract will be sent to you.
- ◆ Enrollment is not complete until your signed contract and all other necessary paperwork is returned to the school and your financial account is set up.
- ◆ Fall Sports Athletes **MUST** be fully enrolled (this includes having a signed contract and completely set-up financial account) no later than **June 30th**.
- ◆ Any student not fully enrolled by August 27th will be put on a waiting list, until after the start of the school year, to make sure there is availability.
- ◆ Lunch items are available for purchase (cash, credit/debit card) at the cafeteria window.

**Tuition Discounts:** Discounts offered include a 15% discount for Active Duty Military Families, and 2nd and 3rd child discounts. .

### **Additional Fees:**

**Annual Curriculum Fee: \$550.00 per student** (First Half—\$275 due by 9/7/21)  
Remainder billed at \$55.00 per month, January thru May 2022. Includes curriculum, consumables and year book.

**Annual Supply Fee: \$165.00 per student** (Due by 9/7/21)  
Includes all art, classroom and anti-bacterial supplies. **No supply list will be issued.**

**12th Grade Graduation Fee: \$65.00 per student** (Due by 10/31/21) Includes Graduation Cap, Gown & Tassel.

Additional fees may apply throughout the year, including class field trips, PE uniforms, lunch account, sports fees, sports banquet, lab fees, etc.  
Before and After School Care charges will be billed at \$5.00 per hour when applicable.

**Please contact Alison Hurley (ahurley@lifechristian-academy.com) if you have any questions.**



## NEW ENROLLMENT PROCESS: NEW MIDDLE SCHOOL AND HIGH SCHOOL

This year, LCA will begin a new process for enrolling Middle School and High School students. Our Harrowgate location, which houses these students, will have a series of "Open House Dates" in which you can interview with Administration, tour the building, and enroll your student at one convenient time.

### OPEN HOUSE DATES:

March: 9<sup>th</sup> and 23<sup>rd</sup> 2:45pm to 6pm

April: 13<sup>th</sup> and 27<sup>th</sup> 2:45pm to 6pm

May: 11<sup>th</sup> and 18<sup>th</sup> 2:45pm to 6pm

June: Each Tuesday and Thursday (June 15 & 17 are unavailable) from 8 am to 11 am and 1 pm to 3 pm

August: 16<sup>th</sup> -20<sup>th</sup> 8am-11am and 1pm to 3pm

*\*Should additional dates be added, it will be posted on our Facebook page.*

Please note that each student will have to register through these Open House Dates...no exceptions! Also, Fall Sports Athletes **must** be registered no later than June 30! **This includes having a signed contract with our Finance Department.**

Any student who is not fully registered by August 27<sup>th</sup>, will have to be put on a waiting list, until after the start of the school year, to make sure there is availability.

### WHAT YOU NEED TO BRING FOR ENROLLMENT:

*\$275 Application/Enrollment Fee*

*Birth Certificate*

*Immunization Records*

*Physical (required yearly for athletes; required every 2 years for students)*

*Report Cards/Unofficial Transcripts from previous institution*

**\*You will fill out an Application Form and an Enrollment Form (for the upcoming school year) at this time as well.**

**Please note that we will not be able to fully enroll your student without all of these forms.**

Please use our **Sign-Up Genius** link: <https://www.signupgenius.com/go/409084BAFAB28A5FB6-lcamsand> to secure an appointment time for one of the dates above. We appreciate your understanding and patience with the new enrollment process, as we are trying to make it easier and more effective for everyone involved. Please email Mrs. Hurley at [ahurley@lifechristian-academy.com](mailto:ahurley@lifechristian-academy.com) if you have any further questions.



# Life Christian Academy

2021—2022 Admission/Enrollment Form  Returning Student  New Student



Elementary: 1221 Boulevard • Colonial Heights, VA 23834 • 804-805-2473  
Preschool, Middle & High School: 16801 Harrowgate Road • South Chesterfield, VA 23834 • 804-526-5941

Student's Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Sex: Male/Female Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade Applying For \_\_\_\_\_ Virtual Academy \_\_\_\_\_  
List names of siblings attending LCA \_\_\_\_\_  
Student's Email \_\_\_\_\_ Student's Cell Number \_\_\_\_\_

**Family Information:** Student Lives With: Mother / Father / Stepmother / Stepfather / Grandparent / Other \_\_\_\_\_  
Father / Stepfather / Guardian / Other \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Mother / Stepmother / Guardian / Other \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

**Name(s) to appear on financial contract (if different from above).**

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**NEW STUDENT INFO (please answer all questions):**

Student Currently Attends: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Describe your reason for wanting to attend LCA \_\_\_\_\_  
Please list all previous schools or daycare centers attended in the last 3 years \_\_\_\_\_  
May we contact them? \_\_\_\_\_ I was referred to LCA by: \_\_\_\_\_  
Has your child ever repeated a grade? Yes/no. If yes, what grade? \_\_\_\_\_  
Has your child ever been suspended, expelled, or asked to withdraw from a school? \_\_\_\_\_  
Has this child ever experienced disciplinary issues? \_\_\_\_\_  
If yes to either, please explain. \_\_\_\_\_

**For Office Use:** Start Date: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Paperwork complete: \_\_\_\_\_

As an essential part of the enrollment process, the pledge written below must be read and signed. This Pledge will be filed as part of the student's permanent records. Admittance and enrollment is not complete without this form. In the interest of being good stewards and wise in our business practices, this pledge serves as a protective legal hedge for the benefit of our families and the school. We dearly value your patronage as we work together to fulfill God's plan and the mission and purpose of Life Christian Academy.

### CONDITIONS OF ENROLLMENT AND PLEDGE OF COOPERATION

- \_\_\_\_\_ 1. I understand that it is a privilege, not a right, for my child to attend Life Christian Academy (LCA). I further understand that all students are accepted on a probationary status. I further understand that the school reserves the right to dismiss any student who does not cooperate with any phase of the educational process, be it curricular or extra curricular, or whose attitudes and actions are not in harmony with the aims and ideals of LCA. I give the LCA administration full discretion in the discipline of my child, including the issuing of detention, in or out of school suspension, and expulsion from the school for conduct deemed by Life Christian Academy Board to be improper, regardless of where the incident(s) given rise to such discipline occurs.
- \_\_\_\_\_ 2. In order to preserve the spiritual atmosphere nurtured at LCA, I understand that discipline will be more swiftly and rigorously enforced than is a public school environment or in some other private schools. I further understand there may be times where I disagree with the discipline imposed upon my child. I further understand that in the event of such disagreement, I am to follow the guidelines set forth in the LCA Protocol for Presenting Concerns.
- \_\_\_\_\_ 3. I understand that LCA, in the interest of nurturing its school atmosphere and spiritual goals, has a "No Tolerance Policy" regarding the use of alcohol, drugs, tobacco, weapons, pornographic material through any media, immoral or illegal involvement, on or off campus. If in the judgment of the LCA administration, it is determined my child should be drug/alcohol tested, I agree to have my child tested at my own expense by an appropriate LCA approved medical provider who will conduct the test. If I am unwilling to permit such a drug/alcohol test, or to release the results of such test to LCA, I shall withdraw my child from LCA and thereby waive all rights to any recourse.
- \_\_\_\_\_ 4. I understand and agree to the need for determined investigations of student activities which may involve and include searching my child's belongings (i.e.: book, carrying bag, lunch box, purse, gym bag), person, and school locker. In the case of secondary students, I also give permission for any motor vehicle to be searched that is brought on campus.
- \_\_\_\_\_ 5. I agree to fully cooperate with LCA administration regarding all actions requested of me pertaining to my child's enrollment at the school and in the enforcement of its rules and policies. I agree to uphold the aims and ideals of the school and to encourage my child to likewise abide by the aims and ideals of the school. I agree as a parent to abstain from reprimanding or questioning any child other than my own. I agree to bring any situations of concern to the appropriate LCA staff member and understand that discipline resolutions of someone else's child will be handled with LCA staff and administration.
- \_\_\_\_\_ 6. I understand that my child's continued enrollment at LCA is conditioned upon my prompt and timely payment of all tuition and fees (including late fees). I further understand that in the event of withdrawal or expulsion of my child for any reason, I waive all rights to a refund of tuition and fees previously remitted and further understand that I shall remain obligated for the full year of tuition and fees not yet having been paid.
- \_\_\_\_\_ 7. I acknowledge that I have read the LCA current handbook (available at [www.lifechristian-academy.com](http://www.lifechristian-academy.com)) before execution of this application. I agree that my child's enrollment at LCA is subject to all terms and conditions of the handbook which are fully incorporated herein by reference.
- \_\_\_\_\_ 8. I understand that in the event of withdrawal from preschool, which requires a 30 day notice, I am responsible for all preschool tuition during the withdrawal period from preschool.
- \_\_\_\_\_ 9. By my/our signature(s) to this Statement, I/we release and hold harmless Life Christian Academy and individual sponsors, including teacher(s), Administrator, and sponsoring church from all liability for mishap or injury to the student named herein during school or any school activity or trip. It is understood that the best possible care will be given my child. In the event of medical treatment, and I give my consent to allow an authorized representative of Life Christian Academy to seek medical aid for my child at the nearest appropriate facility.

I have read and initialed the above pledge and the student hand book, reviewed the rules/policies with my child, and understand and agree to abide by the provisions of both documents.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Photo Release Form:** I give my consent for Life Christian Academy to use my child/children's photos in school publications (this may include, but not limited to the yearbook, newspaper clips/award publications, brochures etc.)

\_\_\_\_\_ Yes, my child's photo may be used      \_\_\_\_\_ No, my child's photo may not be used



Student Information Record - School Year 2021 - 2022

Student's Full Name \_\_\_\_\_ Student's Cell Number \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ **New Students:** Please attach copy of Birth Certificate

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

List anyone other than immediate family who may pick up your child. **Is there a custody order for this child? Yes / No**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List anyone who may not pick up your child.

Food Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Medication Allergy \_\_\_\_\_ Reaction \_\_\_\_\_

Please indicate below any health problems your child may have: please circle

Asthma/respiratory Diabetes Hearing Loss Heart problems Neuromuscular disorder Orthopedic disorder

Seizures Stomach/colon disorder Vision Problems ADD/ADHD Learning Disabilities Emotional Disorder

Psychological Disorder Other \_\_\_\_\_

At anytime, has the student received educational, psychological, or any other type of testing? Yes/no If yes, please explain.

**Does your child have an IEP? Yes / No**

Does the student have any special needs or accommodations which may affect their activities or progress? If yes, please explain.

Is there anything else the teacher should know? \_\_\_\_\_

Does Life Christian Academy have permission to treat your child in an medical emergency, if ever needed? \_\_\_\_Yes \_\_\_\_No

# RELEASE FROM LIABILITY

## For All 2021 - 2022 Field Trips

I/We, the undersigned, hereby grant my/our child \_\_\_\_\_ permission to travel on all Life Christian Academy sponsored trips to the various points of interest with their class. I/We understand that our/my child may ride in a bus or car.

By my/our signature(s) to this Statement of Permission, I/we release and hold harmless the above named school and individual sponsors, including teacher(s), Administrator, and sponsoring church from all liability for mishap or injury to the student named herein from the time of departure to the time of return. It is understood that the best possible care will be given my child. In the event of medical treatment, I give my consent to allow an authorized representative of Life Christian Academy to seek medical aid for my child at the nearest appropriate facility.

Signatures:

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**T-Shirt Size: (Please circle one)**

**YOUTH**

**XS (2-4)**

**S (6-8)**

**M (10-12)**

**L (14-16)**

**ADULT**

**S**

**M**

**L**

**XL**

**XXL**

**XXXL**



# LIFE CHRISTIAN ACADEMY

**Fax: 804-526-3582**

**Middle & High School Campus:** 16801 Harrowgate Road, South Chesterfield, VA 23834

School Office: 804-526-5941

## **AUTHORIZATION TO RELEASE SCHOOL RECORDS**

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

Fax Number: \_\_\_\_\_

To: (Student's current school) \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Please furnish us with the following information in order to provide proper placement of this student.

\_\_\_\_\_ Academic Records including report cards and transcripts showing explanation of grading scale.

\_\_\_\_\_ IEP (Individual Education Plan)

\_\_\_\_\_ Grades to date of withdrawal

\_\_\_\_\_ Current Physical

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Psychological and/or educational testing

\_\_\_\_\_ Discipline records (including suspensions and expulsion)

\_\_\_\_\_ Teacher notes and observances

\_\_\_\_\_ SAT/ACT Scores

\_\_\_\_\_ Attendance records

\_\_\_\_\_ Any special education testing or placement information

\_\_\_\_\_ Other

My signature authorizes the release of the above records:

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

\_\_\_\_\_  
Date