



Dear Friend,

Thank you for your recent inquiry regarding Legacy High School. Legacy High School exists to join with parents in guiding their 9th through 12th grade students in developing the spiritual, academic, technological, work, and leadership skills necessary for success in their future stations in life—whether their future takes them down a college path or directly into a career.

We, as an administration, have worked diligently to sharpen the focus of the educational opportunities we want to provide the students of Legacy High School. We now offer an even more individualized approach in preparing each student for the goals you and they have for their future. We believe this preparation means the student will do the following:

- Commit to Christian discipleship in pursuing a life dedicated to the glory of God.
- Pursue an individualized academic course of study that places a priority on the particular goals for the future you have as a family for your student.
- Sharpen the technological skills necessary to function in the 21st century work environment.
- Develop career skills through work/study and apprenticeship programs. (This provides an opportunity to greatly reduce your tuition costs as well as to provide personal income for the students involved.)
- Utilize fine arts and athletics for personal development, as well as community service, national and international ministry.

Please do not hesitate to give me a call if I can assist you further as you consider the educational ministry of Legacy High School. For additional information please refer to our website www.hda-lhs.com.

In His faithfulness,

A handwritten signature in cursive script that reads 'Michael E. Jackson'.

Michael E. Jackson

School Administrator



Legacy High School Financial Fact Sheet 2011-2012

Legacy High School is a non-profit organization. We attempt to keep the cost of your child’s education as low as possible and consistent with the opportunities afforded the students. Charges paid by the students do not cover the cost of all the services provided by the school. The remainder is made up by gifts and endowments to the institution.

To that end, we have a significant scholarship program at our school. Over 85% of all students receive scholarships. Evaluation of need and amount of scholarships given are determined on a case by case basis. Information is available in the school office. Step Up for Students is an income based scholarship available for returning K5 and 1st grade as well as new students entering K5 and 1st grade. New students entering 2nd grade through 12th grade can apply if they attended a Florida public school for the entire 2010-2011 school year.

In addition, Legacy High School has a co-operative work program that all students participate in. The pay received from this co-operative program allows students to cover much of the costs of their education.

A. Tuition Costs: Tuition is paid in full on a 10-month or a 12-month basis. Tuition is due on the first school day of every month. A monthly late fee of \$25/student will apply to past due accounts.

	Annual	10-month	12-month
	Due 8/1/11	Begins 8/1/11	Begins 6/1/11
	Amount	Amount	Amount
High School (9 th -12 th)	\$4,800.00	\$480.00	\$400.00

Discount for each additional child: \$150 off of annual fee (K5 through 12th grade).

There will be a 2% discount off tuition if paid in full by August 23, 2011.

B. Enrollment Application Fee: A non-refundable \$50 application fee is due for each student at the time the application is submitted.

C. Instructional Fee: A *non-refundable* instructional fee is due for each student by June 1, 2011. The instructional fee is \$300. The instructional fee includes/excludes the following:

Included:	Excluded:
Use of student texts	Student Accident Insurance
Student curriculum	World Magazine
Teacher curriculum	Achievement Test
Teacher teaching aids	Senior Commencement
Teacher supplies	Art and music supplies

Hardback and non-consumable soft back books are the property of the school. The instructional fee includes rental of these books. Students may keep all consumables.

D. Entrance Testing Fee: Each new student will need to be tested before admittance to Legacy High School. A recent achievement test (taken last school year) may be provided as part of the testing evaluation.

E. Passing an Educational Legacy on to others: If you wish to help other families by providing financial assistance, please notify the school office. An account can be set up that allows you to help your friend’s children, your grandchildren, or others with financial assistance.

F. Discovery Program NILD (National Institute of Learning Disabilities): The NILD program is a separate program provided by the school as an intervention program for students in need and who qualify (including the McKay Scholarship). The cost for the NILD program is as follows:

Program Tuition	\$3,700
Testing	\$ 445
IQ Test with private psychologist	\$ 225
Books and materials	<u>\$ 100</u>
Total	\$4,470

G. Tutorial Program: LHS has a list of teachers and other interested third party tutors who can be recommended to families whose student need extra assistance in their studies. The fees are negotiated between the family and the tutor.



Legacy High School Application for Admission

STUDENT INFORMATION

Name _____
Last First Middle Name used Social Security #
Age _____ Date of birth _____ Place of birth _____ Citizen of USA? _____
Date of application _____ Sex _____ Race _____ Current grade _____ Applying for grade _____

FAMILY INFORMATION

Check all that apply: Applicant lives with
 Natural Father Stepfather Guardian
 Natural Mother Stepmother Other

Check any that apply to applicant:
 Father is deceased Parents are divorced Adopted
 Mother is deceased Parents are separated

Natural father's name _____

Natural mother's name _____

S. S. # _____

S. S. # _____

Mailing Address _____

Mailing Address _____

Physical Address _____

Physical Address _____

E-mail address _____

E-mail address _____

Telephone: home _____

Telephone: home _____

Business _____

Business _____

Cell _____

Cell _____

Pager _____

Pager _____

Occupation: Company _____

Occupation: Company _____

Address _____

Address _____

Nature of business _____

Nature of business _____

Position _____

Position _____

Legal guardian, if other than parent _____

Stepparent's name _____ Occupation _____

Business address _____ City _____ State _____ Zip _____

Telephone: home _____ Business _____ Cell _____ Pager _____

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? _____

Siblings:

Name _____ Age/grade _____ School _____

Name _____ Age/grade _____ School _____

Name _____ Age/grade _____ School _____

Name _____ Age/grade _____ School _____

Name _____ Age/grade _____ School _____

Name and address of living grandparents _____

Emergency contact/person authorized for student pick-up if parents cannot be reached:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

EDUCATIONAL INFORMATION

School currently attending or last attended _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Dates attended: from _____ to _____ Grades completed there _____

List all other schools previously attended—no matter how briefly:

Name _____ Address _____ State _____ Zip _____ Dates _____

Name _____ Address _____ State _____ Zip _____ Dates _____

Name _____ Address _____ State _____ Zip _____ Dates _____

Name _____ Address _____ State _____ Zip _____ Dates _____

Name _____ Address _____ State _____ Zip _____ Dates _____

Name _____ Address _____ State _____ Zip _____ Dates _____

Has the applicant been retained? _____ Comments _____

Has this student ever been expelled, suspended or asked to withdraw from a school? _____ (If yes, state the details, including name of school, time, and reason for such action on a separate sheet of paper.)

Has this student ever been tested for or enrolled in a special education program or special school? (gifted, learning disabled, etc.) _____

If yes, please provide copies of testing results. Comments _____

Has this student ever had difficulty in reading or math? _____ If yes, please explain. _____

Approximately how much time daily does this student spend watching television? _____ On the computer? _____

What responsibilities are assigned to this student in your home? _____

Is this student now or ever been under the supervision of a parole officer or under the custody of a juvenile or other court? _____

Does this student have a police record? _____ (If the answer to either of the above questions is affirmative, give full information, including the name and address of the judge or probation officer, and dates on a separate sheet of paper.)

Has this student been involved with alcohol, drugs, or other illegal substances, tobacco, cheating, stealing, or sexual immorality? _____

(If so, state on a separate sheet of paper enough details to indicate the level of use and correction that has been made.)

SPIRITUAL INFORMATION

Have you placed your faith in Jesus Christ as Savior? Father _____ Mother _____ Student _____

Do you agree with the school's statement of faith? Father _____ Mother _____ Student _____

Have you read and do you agree with the school's philosophy of education? (See enrollment packet.) Father _____ Mother _____

Do you desire a biblical, Christ-centered education for your child? _____

Are you committed to teaching biblical ideas and a Christian life-style in your home? _____

How would you rate your family's church attendance? Weekly, frequently, occasionally, infrequently? Father _____

Mother _____ Student _____

Name of church where you are active _____ Denomination _____ Member since _____

Name of pastor at your church who knows you _____ Telephone _____

Address _____ City _____ State _____ Zip _____

How would you rate your child's obedience to parents on a scale of 1-10? (10 being very obedient) 1 2 3 4 5 6 7 8 9 10

How would you evaluate your child's response to other authority figures? _____ Rebellious _____ Reluctant _____ Acceptant

FINANCIAL INFORMATION

To whom should your financial statement be sent? _____ father _____ mother _____ guardian _____ other If other, give name and address.

Monthly Payment Plan: _____ 12 months, beginning June 1, 2011 _____ 10 months, beginning August 1, 2011

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Financial agreement: I hereby make application for my child for admission to Hampden DuBose Academy and Legacy High School and enclose the application fee with the understanding that said fee is nonrefundable. If my student is accepted and then for any reason whatsoever (either voluntary withdrawal or expulsion) leaves before the end of the year, I will pay all fees and tuition through the end of the month attending at the time of withdrawal. In the event of said termination, I will not expect transcripts or other school records to be released until full payment is made. This agreement carries over from year to year.

Signature of parent/Legal Guardian _____ Date _____

Signature of parent/Legal Guardian _____ Date _____

How did you hear about Hampden DuBose Academy?

Why do you want your child to attend Hampden DuBose Academy?

STATEMENT OF AGREEMENT

I understand that all new students are accepted conditionally for one semester.

As parent or legal guardian of the above applicant, I agree to support and cooperate with Hampden DuBose Academy and Legacy High School in the enforcement of the rules and regulations of the institution.

I hereby state that my child is physically and mentally capable of safe participation in activities and events at Hampden DuBose Academy and Legacy High School during and after school hours.

I authorize the staff of H.D.A. and L.H.S. to obtain medical treatment for my child in the event the parent(s), guardian, or emergency contact cannot be reached in a timely manner or as deemed necessary by agents of Hampden DuBose Academy or Legacy High School.

I declare on my word of honor that all information given in this application is true and complete.

I consent for the school to gather data from all schools that the student has attended, together with records and references that it believes to be necessary for the processing of this application.

I agree to meet the terms of the agreement about expenses, business details, and so forth, as outlined by the school.

I pledge not to interfere with the school in its efforts to discipline my child in accord with the school's published standards of conduct.

I give permission for the use of photographs of my child in Hampden DuBose Academy and Legacy High School brochures, videos, advertisements, and photo collections.

I agree to resolve any disputes and to seek reconciliation in accordance with the means and methods set for the Hampden DuBose Academy and Legacy High School's policies and procedures.

I agree that Hampden DuBose Academy and Legacy High School's liability is limited in all respects to the sums paid to HDA/LHS by the parent/legal guardian who is entering into this agreement with the Academy. I acknowledge and expressly agree that the liability of HDA/LHS, its officers, directors, employees and agents is limited in all respects to the sums paid to HDA/LHS by the parent/legal guardian, pursuant to this agreement.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

HEALTH INFORMATION

The school must have on file a complete immunization record on Florida HRS Form 680. A physical examination, dated within a year of the beginning of school is required for all new students.

Student's physician _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Insurance provider _____ ID/Policy# _____

Telephone _____ Address _____ City _____ Zip _____

Does this student have any physical limitations that might require some adjustment to a normal student activity? _____

Describe _____

Is this student presently taking a medication prescribed by a physician? _____ If so, give medication and frequency.

Does the student have **allergies**? _____ Specify _____

Does the student have special needs that require any accommodations or modifications? _____

Has the student ever been treated for a mental or emotional disorder? _____ Explain _____

Does the student exhibit any difficulties such as those listed below? Check all that apply.

___Hyperactivity ___Clumsiness ___Twitching ___Frequent Headaches ___Nervousness

___Aggression ___Tantrums ___Short Attention Span ___Frequent Stomach Aches ___Other

Please explain _____



LEGACY HIGH SCHOOL
Application for Employment

PERSONAL INFORMATION	DATE: _____
Name (Last Name First) _____	
Social Security No. _____	
Present Address _____	
City _____ State _____ Zip _____	
Permanent Address _____	
City _____ State _____ Zip _____	
Home Phone: _____ Cell: _____ DOB _____	
Referred by _____	

GENERAL INFORMATION

Subjects of Special Study/Research, Work, or Special Training/Skills

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____

Salary Desired _____

Are You Employed ____ Yes ____ No

If So, May We Inquire Of Your Present Employer? ____ Yes ____ No

Office Use Only:

List former employers on back

FORMER EMPLOYERS				
Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
Have you ever been convicted of a crime? _____yes _____ no If yes, please explain:				

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the school shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this application. I authorize the school to make any investigation of my personal or employment history and authorize any former employers, person, firm, corporation or government agency to disclose to the school any information they may have regarding me. In consideration of the review of this application, I hereby release the school as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature of applicant _____ Date _____



LEGACY HIGH SCHOOL
Life Coach Reference Form

Dear Parent:

As a part of your student's application to Legacy High School, please complete the top portion of this form and submit it to your student's Life Coach.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my child's Life Coach and Legacy High School Admissions Office. I understand that I will not be made aware of the information provided here.

Parent/Guardian Signature _____ Date _____

Dear Life Coach,

The above-named student has applied to Legacy High School. We would like to consider your evaluation of this student as a part of our admissions process. Please complete this form (front and back) and return it to Legacy High School. If you have any questions or would like to speak to someone about this reference, please call our Admissions Office. **Please note that this student's application will not be considered complete without this form.** Your prompt response will be greatly appreciated.

Name _____ Specific Title _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

How long have you known this student? _____ How are you associated with the student? _____

Please provide any information which you feel will be useful in our assessment of this student.

(Use the back for additional space if necessary)

Please mail or fax this form to:

Legacy High School

P.O. Box 639

Zellwood, FL 32798

Ph: 407-880-4321

Fax: 407-886-2297

www.hda-lhs.com



LEGACY HIGH SCHOOL
Personal Reference Form

Dear Parent:

As a part of your student's application to Legacy High School, please complete the top portion of this form and submit it to your student's personal reference.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my child's Personal Reference and Legacy High School Admissions Office. I understand that I will not be made aware of the information provided here.

Parent/Guardian Signature _____ Date _____

Dear Personal Reference,

The above-named student has applied to Legacy High School. We would like to consider your evaluation of this student as a part of our admissions process. Please complete this form (front and back) and return it to Legacy High School. If you have any questions or would like to speak to someone about this reference, please call our Admissions Office. **Please note that this student's application will not be considered complete without this form.** Your prompt response will be greatly appreciated.

Name _____ Specific Title _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

How long have you known this student? _____ How are you associated with the student? _____

Please provide any information which you feel will be useful in our assessment of this student.

(Use the back for additional space if necessary)

Please mail or fax this form to:

Legacy High School

P.O. Box 639

Zellwood, FL 32798

Ph: 407-880-4321

Fax: 407-886-2297

www.hda-lhs.com



**LEGACY HIGH SCHOOL
Teacher Reference Form**

Dear Parent:

As a part of your student’s application to Legacy High School, please complete the top portion of this form and submit it to your student’s current teacher at his/her school.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I acknowledge that this reference form will be kept confidential between my child’s current teacher and Legacy High School Admissions Office. I understand that I will not be made aware of the information provided here.

Parent/Guardian Signature _____ Date _____

Dear Teacher:

The above-named student has applied to Legacy High School. We would like to consider your evaluation of this student as a part of our admissions process. Please complete this form (front and back) and return it to Legacy High School. If you have any questions or would like to speak to someone about this reference, please call our Admissions Office. **Please note that this student’s application will not be considered complete without this form.** Your prompt response will be greatly appreciated.

Teacher Name _____ Specific Title _____

School Name _____

School Street Address _____

City _____ State _____ Zip _____ School Phone _____

Teacher Signature _____ Date _____

Please mail or fax this form to:

**Legacy High School
P.O. Box 639
Zellwood, FL 32798
Ph: 407-880-4321 Fax: 407-886-2297**

How long have you known this student? _____

Please circle the most appropriate response:

	Below Average	Average	Above Average	Outstanding
Scholastic potential	1	2	3	4
Scholastic achievement	1	2	3	4
Effort applied to work	1	2	3	4
Classroom conduct	1	2	3	4
Love of learning	1	2	3	4
Respectfulness to faculty	1	2	3	4
Respectfulness to peers	1	2	3	4
Care and concern of others	1	2	3	4
Teachable spirit	1	2	3	4
Even temperament	1	2	3	4
Overall recommendation	1	2	3	4

1. How does this student relate with his/her peers and teachers in your school? _____

2. Have the parents been supportive of your role as teacher? _____

3. How would you describe the frequency with which you have behavioral issues with this student?

(never, rarely, on occasion, frequently) Please explain. _____

4. Does this student receive or need any special accommodations in the classroom? _____

5. Please provide any other information which you feel will be useful in our assessment of this student. _____

Please indicate your level of recommendation regarding this student's admission to our school:

Enthusiastically Strongly Fairly strongly With reservation Do not recommend

Thank you for taking your time to complete this reference form. We appreciate your input.



Permission to Photograph 2011-2012

Permission is hereby granted to Hampden DuBose Academy and Legacy High School to include my child's photograph, as it relates to the school and various ministries of the school, in brochures, photo collections, advertisements, videos, or on the school's web site. I understand that I may or may not be notified prior to the actual release of any photographs of my child in one of the aforementioned formats.

Student's Name

Parent's Signature

Date