

LEGACY  
P.O Box 520  
908 W Stone St.  
Brenham, TX 77834  
Phone  
www.legacybrenham.org

<b>-- Office Use Only --</b>	
Applying for:	Fall / Spring
Calendar Year:	_____
Date Submitted:	_____
App Fee:	<input type="checkbox"/> Cash <input type="checkbox"/> Ck # _____
Interview:	_____

### Application for Admission

LEGACY admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**For families with more than one child applying, please feel free to provide separately any narrative answers and copy and attach to each child's application. Upon completion, please mail to the above address, including payment of the \$100 application fee (per student).**

#### Student Information

Name \_\_\_\_\_  
First (Preferred/Nickname) M.I. Last

Father's first name \_\_\_\_\_

Mother's first name \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. #

City State Zip

Home phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Current Age \_\_\_\_\_

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Semester (circle one): Fall / Spring of 20\_\_\_\_ (year)

Applying as a:  Full-Time Student (a full, or substantially full, load of 4+ courses)  Part-Time Student (one or more core and/or elective courses)

If Part-Time, where will student receive additional instruction:  Home school  Other school(s): \_\_\_\_\_

If Full-Time, list all other schools to which student has applied or is considering: \_\_\_\_\_

#### Educational Background

**Important: Please enclose copies of the student's most recent standardized/achievement tests, along with transcript and/or report cards, completed within the last 18 months. In addition, please enclose a list of books recently read (independently), as well as an unedited writing sample of two or more paragraphs on a topic of the student's choice.**

Student is presently attending:  Public school\*  Private school\*  Home school\*\*  Preschool/Mothers-Day-Out

\* Please have your child's current school complete and return directly to Legacy the accompanying "Academic Recommendation Form."

\*\* Please attach a list of curriculum used at home for all subjects, along with the average hours per week devoted to the study of each subject.

Name of current school \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

All school(s) previously attended (name/city/years) \_\_\_\_\_

Please affix a recent student photo here.

Also, attach separately a recent family photo ... nothing large or fancy, please!

(With many family interviews conducted within a short period of time, we request the family photo simply to help us avoid confusing families with one another as we complete the evaluation process.)

Has student ever skipped or repeated a grade?  Yes  No If yes, please explain below.

Has student ever been suspended or expelled?  Yes  No If yes, please explain below.

Student is changing schools:  Voluntarily  Involuntarily Please explain below why student is changing schools.

Explanation(s):

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**Family Information**

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Parents:  married  separated  divorced  widowed (date: \_\_\_\_\_)

If parents are separated or divorced, to whom should correspondence be sent?  Father  Mother

If parents are separated or divorced, to whom should billing/statements be sent?  Father  Mother

**Paternal Information**

Please check one:  Father  Stepfather  Grandfather  Guardian

Name \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Number of hours worked outside of home (per week) \_\_\_\_\_

Number of hours per week you are willing to devote to supervising, tutoring, and/or instructing your child \_\_\_\_\_

Please list any special skills, training, or certifications (optional) \_\_\_\_\_

**Maternal Information**

Please check one:  Mother  Stepmother  Grandmother  Guardian

Name \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Number of hours worked outside of home (per week) \_\_\_\_\_

Number of hours per week you are willing to devote to supervising, tutoring, and/or instructing your child \_\_\_\_\_

Please list any special skills, training, or certifications (optional) \_\_\_\_\_

**If Divorced or Separated**, please list the following information for the parent with whom the student does not live:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Is this parent aware of - and agreeable to - your child applying for and eventually attending Legacy?  Yes  No  Unknown

Please indicate the rights (e.g., joint custody, limited visitation, etc.) and responsibilities (e.g., financial support for education, etc.) that this parent has for your child. Also describe any court orders (e.g., restraining orders, etc.) in effect concerning this parent and/or child:

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### Sibling Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

### General Information

How did you hear about Legacy? (please check all that apply)

- Website       Email invitation       Legacy Family/ies: \_\_\_\_\_  
 NAUMS       Word of mouth       Church: \_\_\_\_\_       Other: \_\_\_\_\_

\_\_\_\_\_

Which three factors most influenced you to apply to Legacy? (please rank your top 3 in order of importance)

- \_\_\_\_ Parent involvement/UMS concept      \_\_\_\_ Christian philosophy      \_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ Student/Teacher ratio      \_\_\_\_ Cost/Affordability  
\_\_\_\_ Dissatisfaction with current school      \_\_\_\_ Academic standards

Legacy is limited in its ability to provide special services to students with learning difficulties, disorders or disabilities who would require assistance beyond what is provided at home or through other means. Do you know—or even suspect—that your child has any learning difficulties, disorders or disabilities?  Yes  No (If “Yes,” please describe and discuss how you plan to meet those needs.)

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Has your child been recommended for testing, been tested, and/or received any type of accommodation for any difficulties, disabilities or disorders that would affect his/her learning abilities and/or social interactions?  Yes  No (If “Yes,” please check all those that apply, provide the date(s) of each test, and describe results.)

- Attention Deficit/Hyperactivity Disorder: \_\_\_\_\_  Dyslexia: \_\_\_\_\_  Dysgraphia: \_\_\_\_\_  
 Sensory Integration Disorder: \_\_\_\_\_  Speech/Language: \_\_\_\_\_  Attention Deficit Disorder: \_\_\_\_\_  
 Other: \_\_\_\_\_

Results/Diagnoses:

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Does your child regularly require any medication or have any special medical condition?  Yes  No (If “Yes,” please describe.)

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## References

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Please tell your references to expect a call from an admissions committee member from Legacy. References should be local unless there are unusual circumstances. **Please do not list family members as references.**

**Academic:** A person who has known the student in an academic setting.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to student \_\_\_\_\_

**Spiritual:** A leader who knows the family, preferably the student, well (e.g., Pastor, Sunday School teacher, Bible study leader, et al).

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to student \_\_\_\_\_

## Legacy Community

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Please provide the names of any families, faculty and/or staff members of Legacy who know your family and/or student.

- Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

## Mission of Legacy

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The mission of Legacy Community Christian School is to partner with Christian parents in providing a family-centered, biblically integrated, college/career-worthy education to prepare student to go into the world as disciples of Christ.

## Statement of Faith of Legacy

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1. We believe the Bible to be the verbally inspired and the only infallible, authoritative, inerrant Word of God (II Timothy 3:15, 16, II Peter 1:21).
2. We believe that there is only one God, eternally existent in three persons: Father, Son and Holy Spirit (Genesis 1:1, John 10:30, John 10:37-38, 1 Corinthians 6:19, Galatians 4:6).
3. We believe in the Deity of the Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory (Isaiah 7:14, Matthew 1:23, Luke 1:35, Hebrews 4:15, John 2:11, Hebrews 9:12, Colossians 1:14, John 11:25, Acts 1:11, Revelations 19:11-16).
4. We believe that man is sinful by nature and that regeneration by the Holy Spirit is essential and an absolute necessity for his salvation (Romans 3:19, 23, John 3:16-19, Ephesians 2:18-19, Titus 3:5-6).
5. We believe that only by God's grace and through faith alone we are saved (John 3:16-19, 5:24, Romans 3:23, 5:8-9, Ephesians 2:8-10, Titus 3:5).
6. We believe in the continuing ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Ephesians 4:30, 5:18, 1 Corinthians 6:19-20).
7. We believe in the resurrection of both the saved and the lost, they who are saved unto eternal life and they who are lost unto eternal damnation (John 5:28-29).
8. We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. Rejection of one's biological sex is a rejection of God's sovereign and perfect will in creating that person as He intended (Genesis 1:26-27).
9. We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Genesis 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Corinthians 6:18; 7:2-; Hebrews 13:4).
10. We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Romans 10:9-10; 1 Corinthians 6:9-11).





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