



# 2024-2025 Re-Enrollment Application

Office Use Only:
Date Received: _____
Accepted by: _____
Data Inputted: _____
Double Check: _____
Copies Made: _____

### Financial Information

Kindergarten- 8<sup>th</sup>

\$6500/ per year/ student

9<sup>th</sup>- 10<sup>th</sup> Grade

\$7500/ per year/ student

Processing Fees for ESA

\$175/year (\$16.50 a month)

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

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Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

### Contact Information:

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Name and Phone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Secondary Name and Phone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Parent/Guardian A: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Guardian B: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

### Student lives with (Please circle one):

Both Parents

Natural Mother

Natural Father

Legal Guardian

Grandparents

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

How many years/months have you attended? \_\_\_\_\_ Are you actively involved? \_\_\_\_\_

Has your child been placed in a special program, received an IEP or received any other special help or tutoring?

Yes \_\_\_\_ No \_\_\_\_ **If so, please provide the documentation supporting this with the application.**

I certify that this application is correct. I understand my financial commitment and accept the due dates selected for payments. I agree to faithfully meet my obligations to the school.

Date \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**2024-2025 EMERGENCY CONTACT INFORMATION**

The people listed below will be allowed to check your child out of school and will be contacted in the event that a parent cannot be reached when there is an emergency or illness, etc. concerning your child. Please note that if you give your carpool number out, you are giving full permission for that individual to pick up your student(s).

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

The following may **NOT** remove my child from the facility:

Name(s) \_\_\_\_\_

**If you have any legal documentation regarding your student please provide it with this application.**

Does your student have a special medical problem, food allergies or medications? If so, please explain.

Please update this **EVERY YEAR**:

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

All effort will be made to reach a parent in the case of a medical emergency, but in the event that a parent or emergency contact cannot be reached we will do whatever is necessary to guarantee the medical wellbeing of your student.

I give permission for a Logos Christian Academy representative to administer basic first aid, call 911 and/or administer CPR when deemed necessary. They may transport this student to the nearest hospital and I will assume full responsibility for all charges related to the above.

YES

NO

**MEDICATION CONSENT**

I give permission for a Logos Christian Academy representative to administer medication, such as the following non-prescription medications (circle, delete, or add approved items): Tylenol, Ibuprofen, Pepto, Throat/Cough drops, Neosporin, Hydrocortisone \_\_\_\_\_

**OR**

**No medication will be given to my child by school personnel.**

Date \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**ALL Students Qualify for Scholarship**

Please fill out this confidential form and return to Logos Christian Academy ASAP to find out what steps you need to take for 2024-25 scholarships!

Name: \_\_\_\_\_ Student (s): \_\_\_\_\_

Grade (s): \_\_\_\_\_ Last School: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time/day to call: \_\_\_\_\_

If returning to LCA, did you receive any STO funds in 2023-24: Y or N

Is there a MET, IEP or 504 plan from an Arizona public school: Y or N

Has your student ever been in the Arizona foster care system: Y or N

Have you filed your 2023 taxes: Y or N

Is your student the child of an active military family member: Y or N

Please circle the annual income for the household size  
All stated amounts will be verified with your 2023 income taxes

Household Income Chart for Eligibility

Household Size	A	B	C	D
1	\$0 - \$23107	\$23108-\$28301	\$28302-\$42748	\$42749+
2	\$0 - \$31284	\$31285-\$38048	\$38049-\$57875	\$57876
3	\$0 - \$39461	\$39462 - \$47933	\$47934 - \$73003	\$73004+
4	\$0 - \$47638	\$47639 - \$57938	\$57939- \$88130	\$88131+
5	\$0 - \$55815	\$55816 - \$67883	\$67884 - \$103258	\$103259+
6	\$0 - \$63992	\$63993 - \$77828	\$77829 - \$118385	\$118386+
7	\$0 - \$72169	\$72170 - \$87773	\$87774 - \$133513	\$133514+
8	\$0 - \$80346	\$80347- \$97718	\$97719 - \$148640	\$148641+
Each add'l member	+\$8177	+\$9945	+\$15127	

Please address any questions to Haley Lewis: 520-421-1220

<b>PARENT COMMITMENT</b>	
<b>Please read and initial each item.</b>	
	We accept the challenge to “train up a child in the way he should go,” (Prov. 22:6). We commit to fulfill this training in our home and work in partnership with Logos Christian Academy to the same end at school.
	We will provide spiritual guidance through regular church attendance, prayer, and Bible reading at home (Deut. 6:1-7).
	We realize that building a strong relationship with our child’s teachers to aid in the training of our child is as much our responsibility as it is the school’s responsibility. We will endeavor to maintain open communication with our child’s teachers. We will be faithful to read and follow through with all correspondence sent from LCA teachers (Eph 4:3).
	We will cooperate fully with LCA. We will support each teacher and uphold school policies in front of our children and others. We will bring any and all questions of criticisms directly to the appropriate staff member so that they may be properly resolved with discretion, quietly and respectfully and/or considered by those in authority (Matt 18:15-20).
	We will support the school’s discipline plan and give the teachers and administrators full discretion in the discipline of our child (Prov. 3:11).
	We will make sure that our child attends school daily and is on time (Prov. 13:4).
	We agree to uphold and support high academic standards by providing a place at home to study and to encourage the completion of homework assignments.
	We agree that any personal property brought to LCA will be the sole responsibility of the student/owner. We will not hold LCA, other students, or other parents responsible for damage to our student’s personal property while at LCA.
	We commit to the best of our ability, to attend the Parent/Principal meetings at the beginning of the school year and attend Parent/Teacher Conferences as regularly as possible.
	We agree to forfeit the privilege of our child attending school should we fail to comply with the established regulations, discipline, and financial obligations of Logos Christian Academy.
	We understand the school has full discretion concerning the grade placement of our child.
	We will faithfully and promptly pay our tuition costs according to the payment plan selected. We will abide by the financial policies on the Financial Contract.

**As a private school LCA needs the active participation of parents on a regular basis. We request the parents of students attending Logos Christian Academy be actively involved in volunteer work (at least 12 hours per family per year) either through classroom participation, office assistance, facility maintenance, special activities, fundraising, on-campus prayer, etc. Please list the areas of your preferred involvement in the following categories:**

TIME: \_\_\_\_\_ TALENT: \_\_\_\_\_

- Academic     
 Clerical     
 Special Events     
 Maintenance/  
Landscaping     
 Spiritual     
 Other \_\_\_\_\_

TREASURES (Financial or otherwise): \_\_\_\_\_

**By signing this application, I agree with the Statement of Faith and Purpose of Logos Christian Academy. I agree to fully support the school board, administration and faculty. I have read and understood the Parent Handbook of LCA, and as a parent will, to the best of my abilities, support and uphold the LCA policies for myself and my children.**

Father Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

# Media Release

## Authorization for Picture and Name Use on Multiple Media Platforms

Student(s) Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_

### Authorization for Picture and Name Use on the Internet (Facebook, website, etc.):

- I authorize Logos Christian Academy to use my child's picture and first name on the school's website.

*By checking here you also give us authority to publish work that may be produced by your child. This may include writing and artwork. Children's last names will NOT be used.*

**OR**

- I **DO NOT** authorize Logos Christian Academy to use my child's picture and first name on the school's website.

### Authorization for Picture and Name Use in newspaper, marketing material & other media:

- I authorize Logos Christian Academy to allow my child's picture and name in the newspaper, on marketing materials, and in other forms of media.

*By checking here you also give us authority to publish work that may be produced by your child. This may include writing and artwork.*

**OR**

- I **DO NOT** authorize Logos Christian Academy to use my child's picture and name in the newspaper, on marketing materials, and in other forms of media.

\*LCA is not responsible for other families taking pictures of your students and/ posting them on social media.

Signature: \_\_\_\_\_

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

## **Family Directory Consent**

For the benefit and conveyance of our parents, Logos Christian Academy creates an annual school directory. By completing this form, you are giving consent to share your information with other LCA families. This is strictly *voluntary*. If you choose not to be in either directory, please inform us below.

\_\_\_\_\_ Yes, please include us in the directory.

\_\_\_\_\_ No, we do not want to be included. Please sign below.

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

**If you marked yes**, please complete the following information.

Student(s) Name/Grade: \_\_\_\_\_

\_\_\_\_\_

Parent(s)/ Guardian(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

\_\_\_\_\_

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

## **Register your Business**

We would also like to provide a business registry for our families. This is a way to help support the businesses of our school. If you wish to be a part of this, fill out the information below.

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

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

Business Website: \_\_\_\_\_

# Logos Christian Academy

## Statement of Faith

We believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.

We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.

We believe that salvation is by grace through faith alone.

We believe that faith without works is dead. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.

We believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.

We believe in the spiritual unity of all believers in our Lord Jesus Christ.

