



New Student Enrollment Packet Kindergarten-12th Grade

**Lee's Summit Academy
601 NW Libby Lane
Lee's Summit, MO 64063
(816) 399-2026
info@leessummitacademy.com**

Lee's Summit Academy Fee Schedule

- Enrollment fee for new applicants \$150 (non-refundable)
- Student service fee for all students \$150 per student
- Students in grades 6-12 must purchase a laptop from the school. Cost is TBD (\$350-\$450 range).
The laptop is yours to keep.

**The enrollment fee is due with application submission. The remainder of the fees are due after application is approved. All fees must be paid before August 20. Tuition payments will begin August 20.*

GRADES: K-12	Tuition	12 payments	10 payments	9 payments
1 st Student	\$6,500	\$541.67	\$650	\$722.22
2 nd Student (5% Discount)	\$6,175 (\$12,675 total)	\$1,056.25	\$1,267.50	\$1,408.33
3 rd Student (10% Discount)	\$5,850 (\$18,525 total)	\$1,543.75	\$1,852.50	\$2,508.33
4 th Student (15% Discount)	\$5,525 (\$24,050 total)	\$2,004.17	\$2,405	\$2,672.22

ADDITIONAL CHARGES:

Hot Lunch Program	Daily	Monthly	Yearly (Approximately)
Each Student	\$4	\$74	\$660

FULL PAYMENT DISCOUNT:

Receive an **additional 5% discount** on total tuition if paid in full by the first day of school.

If you have any questions regarding fees, please feel free to contact:

Michele Augustine
Lee's Summit Academy Finance Office
816-399-2026
maugustine@leessummitacademy.com



STUDENT RECORDS REQUEST

RECORDS FOR THE FOLLOWING STUDENT ARE TO BE RELEASED TO:

Lee's Summit Academy
601 NW Libby Lane
Lee's Summit, MO 64063
Phone: (816) 399-2026 Fax: (816) 347-1877
Email: info@leessummitacademy.com

Student's Name _____

Date of Birth _____ Grade _____

RECORDS TO BE RELEASED FROM:

School Name _____

Street Address _____

City, State and Zip Code _____

Phone Number _____ Fax Number _____

Please fax or email the following information to the Registrar:

- Transcript showing subjects, grades and credits earned
- Withdrawal grades and credit earned-- Please include percentages
- Semester or quarter grades completed-- Please include percentage
- Current I.E.P., test scores, attendance and discipline records
- Birth Certificate
- Immunization records
- Any legal documents

Parent's signature

Date

COMPLETE AND RETURN WITH NON-REFUNDABLE APPLICATION FEE.

Name of Student (As shown on birth certificate) _____ DOB _____ Age as of September 1, 20____ : _____ Gender: M F

Home Address _____ City _____ State and Zip Code _____ Telephone # _____ Social Security # _____

Grade Applying for in School Year 20____-20____ : Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

Sibling's names and ages: _____

Will they be attending LSA? Yes No

If so, what grades? _____

Please describe applicant's relationship with the Lord: _____

Applicant Lives with: Both Parents Mother Father Other

Father's Last Name _____ First Name _____

Home address _____

Phone# _____ Cell # _____

Cell Carrier _____

Occupation _____

Employer _____ Phone# _____

E-mail Address _____

Describe your relationship with the Lord: _____

Mother's Last Name _____ First Name _____

Home address _____

Phone# _____ Cell # _____

Cell Carrier _____

Occupation _____

Employer _____ Phone# _____

E-mail Address _____

Describe your relationship with the Lord: _____

EDUCATION HISTORY

Last school attended _____ Grades attended _____

Has applicant repeated any grades? Yes No If so, what grade(s)? _____

Has applicant ever been suspended, expelled, or disciplined beyond the ordinary? _____

Has the applicant ever been tested or received special help for a reading or learning difficulty? (if yes, please summarize and include a copy of the report) _____

Has the student ever been diagnosed for or enrolled in any special education program? (If yes, please explain) _____

Does the student have a current I.E.P? Yes No If so, what learning accommodations were made _____

If applicant has been home schooled, please answer the following questions:

During what grades has applicant been home schooled? _____

As of August 1st, what grade level has student completed? Language Arts _____ Math _____ History _____ Science _____ Reading _____

Last curriculum used for all subjects listed above _____

PERSONAL HISTORY

HEALTH

Indicate preference of hospital in the event of an emergency _____
Child's Physician _____ Telephone# _____
Please list all childhood diseases your child has had _____
Does the applicant regularly require any medication?(if yes, please explain) _____
Does the applicant have any known allergies? _____ (if yes, please list) _____
Does applicant have any physical limitations, including speech or hearing issues? If yes, please explain. _____

EMERGENCY CONTACTS

List person(s) to contact in case of emergency in the event parents cannot be reached:

Name _____ Relationship _____ Phone # (_____) _____ - _____
Name _____ Relationship _____ Phone # (_____) _____ - _____
Name _____ Relationship _____ Phone # (_____) _____ - _____

*****Family e-mail address _____

What is your reason for selecting this school?

PERMISSIONS (Please circle one AND initial)

_____ I (do / do not) give permission for our student's image to be reproduced in the promotional materials for Lee's Summit Academy, i.e., website, newsletters, newspaper articles, social media and advertisements.

I/We hereby state that the information contained in this application is correct and true to the best of my knowledge. Your completion and submission of this application indicates your acceptance of the policies and procedures outlined in the Lee's Summit Academy Handbook.

Parent Signature _____

Date _____

Parent Signature _____

Date _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD AND BIRTH CERTIFICATE WITH THIS APPLICATION.

"Lee's Summit Academy admits students of any race, color, and national or ethnic origin."