



**New Student Enrollment Packet
Kindergarten-12th Grade**

**Lee's Summit Academy
601 NW Libby Lane
Lee's Summit, MO 64063
(816) 399-2026**

Lee's Summit Academy

601 NW Libby Lane Lee's Summit MO 64063

New Family Enrollment Application

**To Be Completed by the Parent or Guardian*

COMPLETE AND RETURN WITH NON-REFUNDABLE APPLICATION FEE

DOB _____ Age as of September 1 _____
Name of Student (As shown on birth certificate) _____

Home Address _____ City _____ State and Zip Code _____ Phone # _____ 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 _____

PARENT INFORMATION

Father's Last Name _____ First Name _____

Mother's Last Name _____ First Name _____

Home Address _____

Home Address _____

Home Phone # (_____) _____ - _____

Home Phone # (_____) _____ - _____

Cell Phone # (_____) _____ - _____

Cell Phone # (_____) _____ - _____

Cell Phone Carrier _____

Cell Phone Carrier _____

Occupation/Employer _____

Occupation/Employer _____

Employers Phone # (_____) _____ - _____

Employers Phone # (_____) _____ - _____

E-mail address _____

E-mail address _____

Who does the applicant live with? _____

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 in listed subjects?

Language Arts _____ Math _____ History _____ Science _____ Reading _____

Last curriculum used for all subjects listed above _____

WHAT IS YOUR REASON FOR SELECTING THIS SCHOOL?

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 # (_____) _____ - _____

Lee's Summit Academy realizes that there may be times when you will need to have an alternate person pick up your child(ren). Please advise your alternate pick-up person that he/she may be asked to show proof of identity before they may leave with your child(ren).

**THE FOLLOWING INDIVIDUALS HAVE MY PERMISSION TO PICK UP MY CHILD(REN) FROM SCHOOL:
(Please list names and phone numbers)**

1. _____

2. _____

3. _____

4. _____

5. _____

Our family security word is _____ . I will notify all of our alternate pick-up people that they will be asked for this security wording when picking up my child(ren).

PERMISSIONS (Please initial **AND** circle do or do not)

_____ 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/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

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

HEALTH INFORMATION

DOB _____ Age as of September 1 _____
Name of Student (As shown on birth certificate) _____

Indicate preference of hospital in the event of an emergency _____

Child's Physician _____ Phone # (_____) _____ - _____

Child's Dentist _____ Phone # (_____) _____ - _____

Please list all childhood diseases your child has had _____

Does the applicant regularly require any medication? If yes, please explain. _____

Date of last tetanus shot _____

Does applicant have any physical limitations, including speech or hearing issues? If yes, please explain. _____

Allergies and other medical conditions: (Please explain checked items below)

- Allergies Asthma Diabetes Severe allergic reactions (i.e., anaphylaxis, hives)
 - Epilepsy Heart Problems Recurring Illness Other _____
- _____

Does applicant wear glasses or contacts? _____

Insurance information _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



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