Lee's Summit Academy

Kindergarten-12th Grade
New Student Enrollment Packet

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

Lee's Summit Academy

Fee Schedule

LSA has a $25 non-refundable application fee for new applicants.
Tech/Curriculum fee for all new <u>and</u> returning students is $100.00 per student.
All students in grades 6-12 must purchase a laptop from the school.
The cost is $275.00. The laptop is yours to keep.
<u>All fees are due with application submission.</u>

TUITION PRICING				
GRADES: K-12th	**Tuition**	**12 payments**	**10 payments**	**9 payments**
1st Student	**$5,400.00**	$450.00	$540.00	$600.00
2nd Student (5% Discount)	**$5,130.00** ($10,530.00 total)	$877.50	$1,053.00	$1,170.00
3rd Student (10% Discount)	**$4,860.00** ($15,390.00 total)	$1,282.50	$1,539.00	$1,710.00
4th Student (15% Discount)	**$4,590.00** ($19,980.00 total)	$1,665.00	$1,998.00	$2,220.00

ADDITIONAL CHARGES:

Hot Lunch Program	Per Day	Per Month	Per Year (Approximately)
Each Student	$3.50	$62.22	$560.00

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

Lee's Summit Academy

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

Date: _____

Student's Name:

_____

Date of Birth: _____ Grade: _____

Previous School Address and Fax No.

_____

_____

_____

The above student has enrolled in our school. Please send us the following information.

- Transcript showing subjects, grades and credits earned.
- Health records
- Withdrawal grades and credit earned-- Please include percentages.
- Semester or quarter grades completed-- Please include percentages.
- Test scores.
- Current I.E.P., Special testing and discipline records

_____

Parent's signature

Respectfully,

Michele Augustine
Administrative Assistant

Lee's Summit Academy

Enrollment Application

601 NW Libby Lane Lee's Summit MO 64063

**To Be Completed by the Parent or Guardian*

COMPLETE AND RETURNED WITH $25 NON-REFUNDABLE APPLICATION FEE (new students only)

(Please type or print)

_____ DOB _____ Age as of September 1, 20_____: _____ Gender: ☐ M ☐ F

Name of Student (As shown on birth certificate)

_____ _____ _____

Home Address Number and Street 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

Does the student have a brother or sister applying to this school? ☐ Yes ☐ No

If yes, sibling's name and grade: _____

Last First Middle Grade

Please describe applicant's relationship with the Lord._____

_____ _____

Father's Last Name First Name **Mother's** Last Name First Name

Home Address_____ Home Address_____

_____ _____

Phone#_____Cell/Pager#_____ Phone#_____Cell/Pager#_____

Occupation_____ Occupation_____

Employer_____Phone#_____ Employer_____Phone#_____

E-mail address_____ E-mail address_____

Describe your relationship with the Lord:_____ Describe your relationship with the Lord:_____

_____ _____

Applicant Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

Other Children in Family (please include ages)

_____

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 _____

FOR LSA STAFF ONLY:

Received: ☐ $25 Application Fee (new applicants) ☐ School Records ☐ Immunization Records (new enrollee)

Interviewed By _____ **Date:** _____

☐ **Accepted** ☐ **Denied** ☐ **Add'l Information Required**

☐ **Comments** _____ _____ _____

Signature **Date**

PERSONAL HISTORY

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/Legal Guardian Signature Date

_____ _____

Parent/Legal Guardian Signature Date

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

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

Lee's Summit Academy Parent Information Form

STUDENT'S NAME_____ **DATE** _____

PARENTS' NAMES_____ _____

Student Pick-Up Information:

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:

Name:_____ Relationship _____

Name:_____ Relationship _____

Name:_____ Relationship _____

Name:_____ Relationship _____

Name:_____ Relationship _____

If there is school or classroom news, please use the following e-mail address to update our family: _____

If you have agreed to receive text messages, please give your cell phone number and the name of your carrier: _____

Additional Medical Information:

Insurance Company_____ Policy Number_____

Group Identification_____ Hospital: _____

Parent signature_____ Date _____