



LOGOS CHRISTIAN ACADEMY

P.O. Box 11493
Casa Grande, AZ 85130
Office (520) 421-1220
www.logosclassical.com

2018-2019 STUDENT RE-ENROLLMENT APPLICATION

Financial Information

Kindergarten- 8th** \$5400/year
Logos High School \$6500/year

** Classes based on enrollment

Student's Full Name: _____ Sex: ____ Age: ____ DOB: __/__/____ Grade Entering: ____

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Student's Full Name: _____ Sex: ____ Age: ____ DOB: __/__/____ Grade Entering: ____

(Age requirements: Kindergarten students must be 5 years old by September 1st. See administrator for exceptions.)

Contact Information:

Home Address: _____ City/State/Zip _____

Primary Phone (____) _____ Secondary Phone: (____) _____

Primary E-mail: _____ Secondary E-mail: _____

Father's Name: _____ Business Phone (____) _____

Place of Employment: _____ Position: _____

Mother's Name: _____ Business Phone (____) _____

Place of Employment: _____ Position: _____

Student lives with (Please circle one):

Both Parents Natural Mother Natural Father Legal Guardian

Church: _____ Pastor: _____

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

Date: _____ Parent or Guardian: _____



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2018-2019 EMERGENCY CONTACT INFORMATION

Please list the names of two people who will be your student's emergency contact. The people listed below will be allowed to check your child out of school **in the event that a parent cannot be reached** when there is an emergency or illness, etc. concerning your child.

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

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

Name(s) _____

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.
- I give permission for a Logos Christian Academy representative to administer medication, such as non-prescription (circle, delete, or add approved items): Tylenol, Ibuprofen, Pepto, Aspirin, Throat/Cough drops, _____.
- I understand that no medication, prescription or non-prescription, will be administered to any student without parental consent and/or authorization from a physician.

Logos Christian Academy admits students of any race, color, national and 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, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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: _____



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2018-2019 FOOD/ENVIRONMENTAL ALLERGY NOTIFICATION

Student's Name: _____ Date: _____

_____ My child has no known allergies.

Please make note of any known food and/or environmental allergies that your child may have:

If your child has any allergies, please provide special instructions as to treatment of a reaction:

(Signature of Parent/Guardian)

(Date)