



# *Leon Valley Christian Academy*

Janna Jones  
LVCA Administrator

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Dear Future LVCA Parent(s):

Thank you for your interest in Leon Valley Christian Academy. I am delighted to share with you information about our school. We at LVCA understand that children must want to learn and apply themselves in order to achieve academic success. It is because of this basic understanding that we incorporate character development, attitude maintenance, and service into our daily routine. It is this educational philosophy that gives us our school motto “Where Character, Attitude, Service and Academics unite in education.” LVCA is a member of the American Association of Christian Schools (AACCS) and offers classes from Pre-K4 to 6<sup>th</sup> grade using the A-Beka curriculum and 7<sup>th</sup> grade and up using the Accelerated Christian Education (ACE) curriculum. You can obtain more information about these curricula by visiting <https://www.abeka.com> or [www.aceministries.com](http://www.aceministries.com). LVCA has been serving the families of the greater San Antonio area for over 10 years.

Enclosed you will find the LVCA enrollment packet. We highly recommend reading this information thoroughly and noting any questions you may have that should be presented during the enrollment process. We understand the importance of your child having the very best education possible. Contact us today to make an appointment and see why Leon Valley Christian Academy is a great choice. We look forward to meeting you soon!

God Bless,

*Janna Jones*

Janna Jones  
Leon Valley Christian Academy Administrator

# Leon Valley Christian Academy Enrollment Checklist

## Registration Fee Payment Options

\*\*Registration Fee: \$250.00 (non-refundable)

\*The following information is needed to complete your child's file. Please understand that **without a completed enrollment packet and a paid registration fee/deposit, we cannot place your child on the school enrollment roster.**

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### \*Current Student Enrollment Checklist\*

- Student Enrollment Form for the new school year.
- Updated** immunization records or Immunization waiver if student is exempt (**state required**) (\*NOTE: To review the Texas Minimum Vaccine Requirements go to: <http://www.dshs.state.tx.us/immunize/school/default.shtm>.)
- Physical Exam Form (*\*only required if immunizations are NOT current **OR** if there is a health concern listed on the admission form needing clearance for participation in Physical Education*).
- Registration Fee/Deposit (paid to Leon Valley Christian Academy (LVCA) upon enrollment).

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### \*New Student Enrollment Checklist\*

**Age requirements** (\*must be the required age by September 15<sup>th</sup> of the current school year)

\*K-4 must be 4 years of age

\*1st Grade must be 6 years of age

\*K-5 must be 5 years of age

\*2nd Grade must be 7 years of age

\*3rd Grade & above must complete the previous grade level

### **\*\*Admission Steps:**

1. Request a tour of the facilities & obtain an admission packet from the school office or you may download the packet online at [www.lvca.org](http://www.lvca.org).
2. Complete the enrollment forms and review the parent handbook. Call the school office & schedule an enrollment processing appointment & an academic entrance assessment for your child. **Bring the completed enrollment form, birth certificate, current immunization record and the registration fee to the enrollment appointment.** (\*NOTE: *This paperwork can also be faxed to 210-798-0021 or emailed to [leonvalleysecretary@gmail.com](mailto:leonvalleysecretary@gmail.com)*).

### **\*\*Student Forms Checklist:**

- Student Enrollment Form
- Student Record Release/Request Form (*if applicable*)
- Photocopy** of student's birth certificate
- Cumulative academic records (\*the previous school can mail/fax this information)
- Most recent report card
- Current immunization records or Immunization waiver if student is exempt (**state required**)  
-NOTE: To review the Texas Minimum Vaccine Requirements go to:  
<http://www.dshs.state.tx.us/immunize/school/default.shtm>.)
- Physical Exam Form (*\*only required if immunizations are NOT current **OR** if there is a health concern listed on the admission form needing clearance for participation in Physical Education*).
- Registration Fee/Deposit (paid to Leon Valley Christian Academy (LVCA) upon enrollment).

# LEON VALLEY CHRISTIAN ACADEMY

## STUDENT ENROLLMENT FORM

### STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Grade student is enrolling in: \_\_ Pre-K4 \_\_ K5 \_\_ 1<sup>st</sup> \_\_ 2<sup>nd</sup> \_\_ 3<sup>rd</sup> \_\_ 4<sup>th</sup> \_\_ 5<sup>th</sup> \_\_ 6<sup>th</sup> & above (ACE) \_\_\_\_\_  
School Year (i.e. 2018-2019)

Gender: \_\_ F \_\_ M Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City & State or Country

Ethnicity: \_\_ Caucasian \_\_ Hispanic \_\_ African American \_\_ Asian/Pacific \_\_ Other \_\_\_\_\_ \_\_ No response

United States citizen? \_\_ Yes \_\_ No *\*If no, appropriate immigration papers must be submitted with application*

Student resides with: \_\_ Both Parents \_\_ Mother \_\_ Father \_\_ Guardian

### PARENT/GUARDIAN 1 INFORMATION

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(Last) (First) (Middle Initial)

Marital Status: \_\_ Married \_\_ Single \_\_ Widowed \_\_ Separated \_\_ Divorced

Residence Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street Address OR P.O. Box No.) (City) (State) (Zip)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ *Check here to receive all correspondence via email* \_\_

### PARENT/GUARDIAN 2 INFORMATION

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(Last) (First) (Middle Initial)

Marital Status: \_\_ Married \_\_ Single \_\_ Widowed \_\_ Separated \_\_ Divorced

Residence Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street Address OR P.O. Box No.) (City) (State) (Zip)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ *Check here to receive all correspondence via email* \_\_

**LEON VALLEY CHRISTIAN ACADEMY EMERGENCY/HEALTH/FIELD TRIP AUTHORIZATION**

\*An emergency form is required to be on file for each child

Student Name: \_\_\_\_\_ D.O.B (mm/dd/yyyy): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to student/family \_\_\_\_\_

Relationship to student/family \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

**\*Please list names of 2 adults who are authorized to pick up your student, either in the case of an emergency, OR if you are unable to pick up the student. *Students will not be released to persons not on this form (unless prior notice has been given to the school office. Picture identification will be requested upon arrival.***

Contact #1: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Relationship to student/family \_\_\_\_\_

Relationship to student/family \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Best Contact Number \_\_\_\_\_

**MEDICAL INFORMATION**

\*In the event First-Aid must be administered, please provide the information below. Unless otherwise restricted by law, special health problems will be shared with appropriate staff and faculty to provide the best possible care for your student. Please check all that apply to your student. In the event of an emergency involving your child, 911 will be called first, then parent or guardian or other listed emergency contacts. The parent/guardian can call the child's doctor. If any of the listed contacts cannot be reached and the child needs to be transported to the hospital, a designated staff member will accompany your child, and physician information will be given to the hospital.

Primary Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

(Street Address OR P.O. Box No.)

(City)

(State)

(Zip)

Preferred Hospital \_\_\_\_\_

Condition	Check Here	Additional Information
Asthma		
Diabetes		
Epilepsy/Seizure Disorder Date of last seizure: _____		
Heart Condition		
Allergies (food, insect, other) Reaction (check one): <input type="checkbox"/> Mild <input type="checkbox"/> Severe		
Vision Check all that apply: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Impairment		
Other: _____		

**FINANCIAL REQUIREMENTS/AGREEMENT**

**Registration Fee (due at the time of registration):** \$250.00 (*non-refundable*)

**Book Fees (\*paid at registration or no later than July 15<sup>th</sup>) - (non-refundable)**

Pre-Kindergarten  
\$125.00 per year

Kindergarten  
\$ 175.00 per year

1<sup>st</sup> Grade & Above  
\$300.00 per year

**LVCA Activity Fee: \$200** (*may be divided into 10 installments*)

**American Association of Christian Schools Membership Fee: \$15.00**

**Testing Fee: \$15.00 Pre-K \$65.00 K-ACE**

**Tuition: \$3,000.00 per year**

**Payment options\*\*:** (SELECT ONE) A \$25.00 late fee will be charged to any student account more than 10 days late. A \$25.00 fee will be charged to the account if any checks are returned to LVCA.

**Annual:** One-time payment  
(\*due August 15<sup>th</sup>)

**Semi-Annual:** 2 equal  
payments (\*due August  
15<sup>th</sup> and January 15<sup>th</sup>)

**Monthly option:** 10  
equal payments (\*due the  
15<sup>th</sup> of each month from  
August – May)

**EXTENDED HOURS PROGRAM**

(Select an option below)

Full time  
(AM and PM hours)

AM Part time  
(6:30 – 8:15 am)

PM Part time  
(4 - 6 pm)

Not Applicable

**\*\* FEES AND PAYMENTS** (*fees can be divided into 10 installments.*)

- **Registration:** \$30.00 non-refundable deposit.
- **Full time:** \$1000.00 per year per family
- **Part time** (*morning OR afternoon*): \$650.00 per year per family

**\*\*EXTENDED HOURS RULES AND REGULATIONS** In order to enroll in the Extended hour program, you must understand and agree to the following rules and regulations by reading and signing below:

1. I agree to accept and comply with all rules and regulations.
2. I understand that **the Program begins on scheduled school days, prior to the start of the school day, but no earlier than 6:30 am and upon school dismissal and runs no later than 6:00 pm.**
3. I understand that the Program operates on most scheduled school days, with the exception of a few designated days and when school is closed due to weather or an early release day.
4. I understand that **chronically early drop off in the morning and late pick up in the afternoon are grounds for removal from the program.** An additional fee of \$10.00 per hour is charged, beginning at the fifteen-minute point of the first hour past 6:00 pm (starts at 6:15 pm).
5. I understand that LVCA reserves the right to release any student from the program for repeated cases of inappropriate conduct.
6. I agree that I will notify LVCA office if someone other than a parent OR an authorized individual listed on the extended hour enrollment form, will be picking up my child.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

## CHURCH AFFILIATION

What is your current church affiliation?

Church's Name: \_\_\_\_\_

Church's Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Active Member(s): \_\_\_\_\_ Yes      \_\_\_\_\_ No

Attend Regularly: \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ No church affiliation

### **How did your family hear about Leon Valley Christian Academy?**

- Yellow Pages       Referral from a current LVCA Student/Family: \_\_\_\_\_  
 Church Sign       Friend: \_\_\_\_\_       Internet       Not Applicable

### AGREEMENTS

- I/We have read the Parent/Student Handbook and I/we agree with the policies and purpose of the school.
- Throughout the school year LVCA has many events ranging from holiday banquets, field trips, graduations, etc. During these events, pictures are taken and will be available to share. I hereby release Leon Valley Christian Academy, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature from displaying my child's individual and/or class photograph by the Leon Valley Christian Academy and the Leon Valley Baptist Church on the affiliated websites, brochures, magazines, school newsletters, bulletin boards, etc.
- I/We have read the financial considerations and payment plan options previously outlined. I/We understand that the registration & book fees are non-refundable. I/We agree to make prompt payments as outlined; and understand that late payments will be assessed a \$25.00 late fee. I/We also understand, a \$25.00 fee will be assessed for any unpaid checks returned to LVCA, I/We further understand that school records and report cards will not be released for accounts that are past due.
- I/We hereby acknowledge that I/we have read all the preceding agreements and the Student Emergency Authorization and agree to comply with each of their requirements as stated. I/We will advise LVCA of any changes to the above information that occurs during the school year.

***I/We certify that I/we have completed, reviewed, corrected and updated all the information included within this form and to the best of my/our knowledge it is complete and accurate.***

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Leon Valley Christian Academy  
7990 Grissom Road  
San Antonio, TX 78251**

**Phone: (210) 684 – 5662 ext. 307 Fax: (210)798-0021**

**MEDICAL CLEARANCE FORM – TO BE COMPLETED BY PHYSICIAN**

*\*physical must not be over 1 year old. Parents can provide a current copy of a physical if an annual physical has already been completed.*

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Heart-Lower extremity pulses			
Eyes/Ears/Nose/Throat			
Heart-Auscultation of the heart in the standing position			
Heart-Auscultation of the heart in the supine position			
Lymph Nodes			
Pulses			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Shoulder/Arm			
Elbow/Forearm			
Back			
Hip/Thigh			
Leg/Ankle			
Wrist/Hand			
Foot			
Neck			

**\*\*Immunizations are up to date as of today and his/her next immunizations will be needed by \_\_\_\_\_.**

**(Attach a copy of immunizations to date.) \*For Current Texas minimum Vaccine Requirements go to:**

**<http://www.dshs.state.tx.us/immunize/school/default.shtm>**

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for \_\_\_\_\_
- Not cleared for \_\_\_\_\_ Reason \_\_\_\_\_

**\*\*The following information must be filled in and signed by either a physician, a physician assistant licensed by a state board of physician assistant examiners, or a registered nurse recognized as an advanced practice nurse by the board of nurse examiners.**

Name (print/type) \_\_\_\_\_ Date of examination \_\_\_\_\_

Signature \_\_\_\_\_

**LEON VALLEY CHRISTIAN ACADEMY**  
**Student Records Request Form**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, parent/Guardian of \_\_\_\_\_

Request that my child's official school records be mailed or faxed to:

Leon Valley Christian Academy  
7990 Grissom Road  
San Antonio, TX 78251  
Phone: 210-684-5662 ext.  
307  
Fax: 210-798-0021

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Previous School Information:**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

School Phone: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

.....  
**School Office Use:**

Please include the following documents:

- Birth Certificate
- Cumulative Grades
- Most Recent Report Card
- Attendance

- Standardized Test Scores
- Immunizations
- Withdrawal Form
- Other: \_\_\_\_\_

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**Authorized Staff Signature**

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**Date**