

LEGACY PREPARATORY ACADEMY ENROLLMENT APPLICATION

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

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THIS BLOCK FOR SCHOOL USE ONLY

Hillsborough County Public Schools

SCHOOL YEAR	SCHOOL NAME LEGACY PREPARATORY ACADEMY	DISTRICT STUDENT NUMBER	ENTRY CODE
TEACHER OR HOMEROOM	GRADE	STATE STUDENT NUMBER	ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.			Child of Military Family? Yes or No
NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)	DATE OF BIRTH MM DD YY
RACIAL/ETHNIC CATEGORY: _____ W - WHITE NON-HISPANIC _____ B - BLACK-NON-HISPANIC _____ H - HISPANIC _____ A - ASIAN/PACIFIC ISLANDER _____ I - AMERICAN INDIAN OR ALASKAN NATIVE _____ M - MULTI-RACIAL			Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury
MAILING ADDRESS: (STREET NUMBER & NAME, CITY, ZIP CODE)			
RESIDENCE ADDRESS - (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE.)			HOME PHONE
PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)		PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)	
EMPLOYER NAME		EMPLOYER NAME	
BUSINESS PHONE / EXT.	PAGER OR CELL NUMBER	BUSINESS PHONE / EXT.	PAGER OR CELL NUMBER
EMAIL:		EMAIL:	
RELATIONSHIP TO STUDENT: (CIRCLE ONE)	P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM	O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED	RELATIONSHIP TO STUDENT: (CIRCLE ONE)
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)
HOSPITAL PREFERENCE		PHYSICIAN'S NAME & PHONE NUMBER	DENTIST'S NAME & PHONE NUMBER
CURRENT HEALTH PROBLEMS: ASTHMA _____ DIABETES _____ SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____	EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING:		
* In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian or person(s) designated above, the school will contact the physician or will make the necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/legal guardian.			
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school. <input checked="" type="checkbox"/> _____ Signature of Parent/ Legal Guardian Date			

Have you ever had a Relative attend Mt. Pleasant/Legacy? Yes No

If yes, Name? _____ Relationship _____

REGISTRATION INFORMATION

Student's Social Security Number _____ - _____ - _____ Birthplace _____ City _____ State _____ Country _____

First-time Hillsborough County Student

Did the student relocate/move to Hillsborough County from **ANOTHER county, state, or country** within the past year? Yes No

If yes, City _____ State _____ County _____ Country _____

School History

Last School attended by the Student: Public Private Home Education (include dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____ Country _____

If student ever attended a Hillsborough County Public School, name of School _____

Home Language Survey

Is a language other than English used in the home? Yes No Did the student have a first language other than English? Yes No

Does the student most frequently speak a language other than English? Yes No

Parent/Guardian Language _____ Student's Native Language _____

State Mandated Information

Is either head of household a law enforcement officer, firefighter, or judge/justice? Yes No

Is either parent federally connected through employment in the military service as a federal civilian employee, or by residing in a housing project? Yes No

Did your family ever travel to look for work on a farm or do paid farm labor? Yes No

Is the student a single parent with either custody or joint custody of a minor child? Yes No

Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions? Yes No

Date Student First Entered a United States School? Month (MM) _____ Day (DD) _____ Year (YYYY) _____

If foreign born, how many years has the student attended a school in the United States? _____

"(I)" /We are the parent/legal guardian of the above named child. "(I)" /We give permission for the Hillsborough County Public Schools to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate the process of verifying Medicaid eligibility.

Signature of Parent/Legal Guardian _____

Date _____

BUS TRANSPORTATION REQUESTED. Yes No

If yes, list major cross streets near your address _____