## LEGACY PREPARATORY ACADEMY ENROLLMENT APPLICATION

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SCHOOL YEAR	SCHOOL NAME LE	GACY PREPA	ARATORY AC	CADEMY		DISTRICT STUD	ENT NUMBER	ENTRY	*	
TEACHER OR HOME					RADE	STATE STUDE	IT NUMBER	ENTRY		
EMERGENCY II	NFORMATION: This ca	ard must be completed	ri by the parent or le	cal quardian			11 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	Child of Milita	ary Family?	
NAME OF STUDENT			(FIRST)	gar guardian.	(MIDDLE)	DATE OF BIRTH MM DD YY	MALE FEMALE	Military Famil	Yes or No	
RACIAL/ETHNIC CA	ATEGORY: W - A - ASIAN/PACIF	- WHITE NON-HISPAN FIC ISLANDER				H – HISPANIC AN NATIVE M –	MULTI-RACIAL	retire	ical discharge due to injury ement h due to active duty injury	
MAILING ADDRESS	S: (STREET NUMBER & NAM	ME, CITY, ZIP CODE)								
	SS - (IF DIFFERENT FROM I	10	(STREET NO. & NA	AME, CITY) (IF				.) HOME PHON	E	
PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)  EMPLOYER NAME					PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)  EMPLOYER NAME					
BUSINESS PHONE / EXT. PAGER OR CELL NUMBER									CELL NUMBER	
EMAIL:					EMAIL:	The state of the s				
RELATIONSHIP	P - PARENT	O - OTHE	ER.		RELATIONSH	IIP P - PARE	NT	O - OTHER		
TO STUDENT: (CIRCLE ONE)	G - LEGAL GUARDIAN A - GUARDIAN AD LITI	S-SURF EM N-NOP	ROGATE ARENT/GUARDIAN DAYTIME		TO STUDENT (CIRCLE ONE	G - LEGA A - GUAF	L GUARDIAN RDIAN AD LITEM		GATE RENT/GUARDIAN REQUIRED DAYTIME	
	NTACT IF PARENT CANNOT MAY BE RELEASED TO THIS	PERSON)	PHONE	•	NAME (S	S) TO CONTACT IF PA FUDENT MAY BE REL	EASED TO THIS P	ERSON)	PHONE	
HOSPITAL PREFERENCE	22		PHYSICIAN'S NAI & PHONE NUMBE	ME ER		DE & F	NTIST'S NAME HONE NUMBER			
HEART CONDITION	PROBLEMS: BETES SEIZURES ALLERGIES	EXPLANA	TION OF HEALTH	PROBLEMS AN	ND MEDICATIO	DNS STUDENT IS TAK	ING:	* * * * * * * *		
* In case of accident physician or will make	or serious illness, the school e the necessary arrangement	will contact the parent is for immediate trans	t/legal guardian. If t portation and treatm	the school is un nent. Payment	able to contact of fees will be a	the parent/legal guard	ian or person(s) de: legal guardian.	signated above, th	e school will contact the	
to have my child rele	understand the conditions of ased to persons other than th	ose listed above, I mu	ust provide a list of t	lesire those X _		*				
	ith addresses and telephone r				Sign	ature of Parent/ Legal	Guardian	MINISTER OF SAME AND ADDRESS OF SAME	Date	
<b>Have you ever</b> If yes, Name? _	had a Relative att	end Mt. Pleas	ant/Legacy?	'Yes	No	Relationship				
ii yoo, italiio: _		-	DECICE	ATION		•				
					INFOR	RMATION				
Student's Socia	al Security Number _			Birthpla	ace	City		State	Country	
	sborough County relocate/move to Hi		inty from ANG							
K.,		iisborougn Cou	ility ilolli Airt	OTHER co	unty, stat	•	ithin the past	year?	·	
		· ·	•		•	<b>e</b> , or <b>country</b> w	·	•	_YesNo	
School Histor	у	State_		County		e, or <b>country</b> w	Country		_YesNo	
School Histor Last School atte		State_	Private	County _Home Edu	ucation (inc	e, or country w	Countryed and complet	e address info	_YesNo	
School Histor Last School atte School Name _ Street Address _	ry nded by the Student:	StatePublicCity	Private	County _Home Edu Stat	ucation (inc Dates Att	e, or country w ude dates attend ended	Countryed and complet	e address info	_YesNo	
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