



1102 E. Roosevelt Avenue · Indianapolis · IN 46202 · Tel: (317) 423-2866 · Fax: (317) 423-2869  
 www.legacylearningcenter.org

## Enrollment Application Form 2018/2019

### Procedure:

1. **Submit application and NON-REFUNDABLE Application fee of (\$100.00 to New students) and (\$50 to returning students) per child to Legacy Learning Center.**

2. Copy of **CURRENT** and Up-to-date Immunization Records, Copy of Birth Certificate, signed medical authorization form, Internet form (**K-12**), and home language survey form must be submitted with application.

All new students must meet with Legacy Administration Academic Comity. Students transferring to Legacy Learning Center in Grades 1stand UP, must send school records (including grades, standardized tests, IEP/modifications and disciplinary records), and a placement test **PRIOR** to Legacy administration making a determination about acceptance into the school.

3. Payment of Commitment Fee and returned and signed Enrollment Contract is required to reserve a position in the classroom.

4. Please type clearly and legibly in all required fields.

Legacy Learning Center Administration reserves the right to decline admission of returning/incoming students based on non-payment of tuition/fees, academic performance, and/or disciplinary issues.

### Parent/Guardian Information

Parent/Guardian (1) First Name	Middle Name	Last Name
Home Telephone #	Household Income	Social Security Number
Cell #	Household Size	Email
Home Address		
Parent/Guardian (2) First Name	Middle Name	Last Name
Home Telephone #	Email	Social Security Number
Cell #		
Home Address if deferent		



1102 E. Roosevelt Avenue · Indianapolis · IN 46202 · Tel: (317) 423-2866 · Fax: (317) 423-2869  
 www.legacylearningcenter.org

### Student Information

Student First Name	Middle Name	Last Name	Date of Birth
Place of Birth	Current Grade Level	ANY SPECIAL NEED (IEP)? Please Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address		Any Allergies:	

### Previous School Information

Previous School Name	Previous School Address	Previous School Phone #
		Previous School Fax #

### Student Records:

Legacy Learning Center considers the records of all individual students to be confidential information. Student records will be released **ONLY** to other schools or agencies upon receipt of a written request from a parent or guardian and after all outstanding fees, dues, and tuition accounts have been paid in full.

#### Notice of Nondiscriminatory Policy as to Students:

Legacy Learning Center 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 center. The Center does **NOT** discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, academic policies, and athletic and other school administered programs.

The Above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian	Relationship to student	Date
------------------------------	-------------------------	------

### \* \* \* For Office Use Only \* \* \*

Date received: \_\_\_\_\_ Class Starting Date: \_\_\_\_\_

Payment received \_\_\_\_\_

Corporation of legal settlement:

The Pathway: **SGO**, **SGO Sibling**, **F School**, **Pre-K Pathway**, **2 Semester in public School**, **Perversely Choice**, **Sibling Choice**.

Received by ( Print name & signature ) \_\_\_\_\_