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



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**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student First Name | Middle Name | Last Name | Date of Birth |
| Place of Birth | Current Grade Level  | ANY SPECIAL NEED (IEP)? Please Explain:  | Yes 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 ) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ..………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………..  |