


## Student Enrollment Form

 <p><b>Legacy Traditional School</b> <i>Building a Legacy of Learning</i></p>	<input type="checkbox"/> <b>Maricopa Campus</b> 17760 N Regent Dr. Maricopa, AZ 85138 Phone: 520.423.9999 Fax: 520.423.9997	<input type="checkbox"/> <b>Casa Grande Campus</b> 1376 E. O'Neil Dr. Casa Grande, AZ 85122 Phone: 520.421.2323 Fax: 520.421.4443	<input type="checkbox"/> <b>Queen Creek Campus</b> 41800 N Barnes Ave. Queen Creek, AZ 85140 Phone: 520.423.9999 Fax: 520.423.9997	School Use Only: <span style="float: right;">Received Date</span>		
				Start Date:		
				End Date:		
				Current Date:		
Legal Last Name	Legal First Name	Legal Middle Name	Birth Date	Age	Birthplace	
					City State	
Address:		City:	Zip:	State:	Email Address:	
<u>Gender</u>	<u>Grade</u>	<u>Kinder Preference</u>	<u>Ethnicity (CHECK ONLY ONE)</u>		Home Phone:	
<input type="checkbox"/> Male	2010 – 2011 _____	AM _____	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black		Work Phone :	
<input type="checkbox"/> Female	2011 – 2012 _____	PM _____	<input type="checkbox"/> Am Indian <input type="checkbox"/> Asian or Pacific Islander		Cell Phone:	
2012 – 2013 _____						
I am aware that Legacy Traditional School does not provide transportation <input type="checkbox"/>						

Who does student live with? (circle)    Both Parents    Mother    Father    Stepmother    Stepfather    Relative    Foster    Guardian

Mothers Name		Address (Include City and State)			
Home Phone:	Work Phone:	Cell Phone:			
Fathers Name		Address (Include City and State)			
Home Phone:	Work Phone:	Cell Phone:			

**IF STUDENT IS NOT LIVING WITH ONE OR BOTH NATURAL PARENTS GIVE THE FOLLOWING INFORMATION**

Natural Fathers' Name	Address (Include City and State)	Home Phone	Work Phone
Natural Mothers' Name	Address (Include City and State)	Home Phone	Work Phone

List Siblings: Last, First, MI	Age	School	List Siblings: Last, First, MI	Age	School
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Previous School Attended	Address	Phone Number	Emergency Contact	Home Phone	Cell Phone
1. Has your child ever been suspended or expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify:					
2. What is the primary language of the student? <input type="checkbox"/> English <input type="checkbox"/> Other – please specify:					
3. Does your child have, or have they had, an IEP or 504 plan? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify:					
4. Is your child being treated for a chronic health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify:					

I hereby certify that the above information is accurate. I understand that it is the Parent/Guardian's responsibility to update if any information changes.

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