



Thank you for your interest in Legacy Traditional School (LTS).

Following is the admissions process and the steps involved in ensuring that your child be able to attend LTS this fall.

### **Admission Eligibility**

As a tuition-free public charter school, LTS accepts all students with no specific school boundaries.

### **Acceptance Procedure**

1. New students are accepted on a first-come, first-serve basis with the following priorities:
2. Children of employees of the school
3. Children with siblings already enrolled at LTS
4. Date pre-enrollment form received
5. Program Capacity

### **Admission Steps**

You must complete and sign a student enrollment form and turn it in with a copy of the child's Birth Certificate and Immunization Records.

The school will email you a confirmation letter of receipt of your child's enrollment form.

The completion of the enrollment process is pending receipt of the following documents:

- Enrollment Form
- School Policies Support Agreement (Student Handbook)
- Media Release
- Home Language Survey (PHLOTE)
- Emergency Contact Card
- Health Screening
- AZ Residency Guidelines
- No Child Left Behind Survey (NCLB)
- McKinney-Vento Homeless Survey
- Records Request Form
- Previous school's Withdrawal Form
- IEP and Evaluation\*

These forms are available on our website at [www.LegacyTraditional.org](http://www.LegacyTraditional.org). You are welcome to mail or fax your documents. These forms can also be picked up at any of the school offices listed on the website.

\*An IEP and/or evaluation is not required for admission, but is required for services.

# Student Enrollment Form

Please Circle Applicable Campus:

Avondale Casa Grande Chandler Laveen Maricopa Queen Creek NW Tucson

Please PRINT all information as it appears on legal documentation required for enrollment

<b>School Use Only:</b>	<b>Received By:</b>	<b>Entered Date/By:</b>	<b>SPED:</b>
<b>Received Date:</b>	<b>SAIS ID #</b>	<b>Start Date:</b>	<b>Kinder Testing:</b>

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Suffix</b>	<b>Age</b>
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**Preferred Name:** \_\_\_\_\_ **If previously enrolled in an AZ school, other name(s) used:** \_\_\_\_\_

<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth</b>			<b>Birth place (City, State, Country)</b>	<b>Grade Level</b>	<b>Kinder Preference</b>
	MM	DD	YYYY		2012-2013 _____	AM _____
					2013-2014 _____	PM _____

<b>Student Home Address</b> Unit/Apt # _____	<b>Contact E-mail Address</b>
City _____ State _____	Zip Code _____ Primary Phone Number for Attendance Calls ( ) _____

Pursuant to A.R.S. § 15-802(B) Arizona residency provided and verified: YES \_\_\_ NO \_\_\_ Source: \_\_\_\_\_

<b>Who does the student live with? (Please Circle)</b> Both Parents Mother Father Stepmother Stepfather Relative Foster Guardian	<b>Are there custody agreements regarding this student? (Please Circle)</b> NO YES If yes, please provide court documentation
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**Mother, Step-Mother, Foster Mother, Guardian – Living at the address listed on the previous page**

<b>Last Name</b>	<b>First Name</b>	<b>E-mail Address</b>	
<b>Relationship to Student(Circle one)</b> Mother Step-Mother Foster Mother Guardian	<b>Cell Phone</b> ( )	<b>Work Phone/ext.</b> ( )	<b>Home Phone</b> ( )

**Father, Step-Father, Foster Father, Guardian – Living at the address listed on the previous page**

<b>Last Name</b>	<b>First Name</b>	<b>E-mail Address</b>	
<b>Relationship to Student(Circle one)</b> Father Step-Father Foster Father Guardian	<b>Cell Phone</b> ( )	<b>Work Phone/ext.</b> ( )	<b>Home Phone</b> ( )

**Parent/Guardian – NOT living at the family address (i.e. non custodial parents, parents who live out of the state, etc.)**

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<b>Last Name</b>	<b>First Name</b>	<b>E-mail Address</b>	
<b>Relationship to Student(Circle one)</b> Mother Step-Mother Father Step-Father	<b>Cell Phone</b> ( )	<b>Work Phone/ext.</b> ( )	<b>Home Phone</b> ( )

**Ethnicity Must Select One**

**Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, or other Spanish culture or origin, regardless of race.  **Non-Hispanic**

**Race Must Select At Least One**

<input type="checkbox"/> <b>American Indian or Alaskan Native:</b> Person has origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. any Island. <input type="checkbox"/> <b>Asian:</b> Person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	<input type="checkbox"/> <b>Black or African American:</b> Person has origins in any of the black racial groups of Africa.  <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander:</b> Person has origins in of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.  <input type="checkbox"/> <b>White:</b> Person has origins in any of the original peoples of Europe, the Middle East, or North Africa.
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Emergency Contacts ( Other than the parents/guardians listed on this form)				
Last Name	First Name	Cell Phone ( )	Home Phone ( )	Relationship to Student
Last Name	First Name	Cell Phone ( )	Home Phone ( )	Relationship to Student
Last Name	First Name	Cell Phone ( )	Home Phone ( )	Relationship to Student
Student Mailing Address (if different from home address)				Unit/Apt #
City	State	Zip Code	Home Phone ( )	
List sibling enrolled at Legacy:	Last, First, MI		Age:	Grade:
List sibling enrolled at Legacy:	Last, First, MI		Age:	Grade:
List sibling enrolled at Legacy:	Last, First, MI		Age:	Grade:
List sibling enrolled at Legacy:	Last, First, MI		Age:	Grade:
Last School Attended	Date Last Attended	Grade	Previous School Phone ( )	
Address	City	State	Zip Code	
Has your child ever been suspended or expelled? NO YES If yes, please Specify: _____				
How will your student go home at the end of the school day? (please circle one): Walking Pick-Up		I am aware that Legacy Traditional does NOT provide transportation to or from school: _____ (parent initial)		
Does your child receive Special Services? NO YES		What is the primary language used in the home regardless of the language spoken by the student? _____		
Does your child have an IEP? NO YES		What is the language most often spoken by the student? _____		
Does your child have a 504 Plan? NO YES		What is the language that the student first acquired? _____		
Please indicate any services your child has received: ____ gifted ____ special education ____ 504 plan ____ behavioral plan ____ child referral intervention ____ other-please specify _____		Is your child certified as having a chronic health problem? NO YES If yes, please Specify: _____		
I hereby certify that I am the legal guardian for the above named student and the information that I have provided is accurate and true.				
_____ Signature		_____ Date		
_____ Signature		_____ Date		

*Per LTS policy, the Parent/Guardian signing this enrollment form will be the only person authorized to request student records, withdraw a student, and/or designate another person to do so on their behalf.*

**\*\* PLEASE NOTE: Having sole custody of a child does not prevent LTSD, by law, from sharing your child's information with the other parent. You must present a valid court document that states the other parent is NOT entitled to receive any information regarding this child. (A.R.S 25-402 (k); 25-403.6).**



## **School Policies Support Agreement**

As a parent or guardian of a child attending Legacy Traditional School (LTS), I agree to support the school in carrying out the policies and procedures as indicated in the Parent/Student Handbook. With the knowledge that Legacy Traditional School is a charter alternative, I have voluntarily chosen to enroll my child and I understand the failure to comply with the policies and procedures of LTS could result in the suspension or expulsion of my child.

Parent name (printed) \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Parent name (printed) \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Student name (printed) \_\_\_\_\_

Grade \_\_\_\_\_

# Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2012 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

NO

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>

I hereby certify that all of the above information is true and correct.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

ADE Revised June 1, 2011

### ESEA Eligibility Guidelines July 1, 2011 to June 30, 2012

Household Size	Indicator I					Indicator 2				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$14,157	\$1,180	\$590	\$545	\$273	\$20,147	\$1,679	\$840	\$775	\$388
2	\$19,123	\$1,594	\$797	\$736	\$368	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$24,089	\$2,008	\$1,004	\$927	\$464	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$29,055	\$2,422	\$1,211	\$1,118	\$559	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$34,021	\$2,836	\$1,418	\$1,309	\$655	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$38,987	\$3,249	\$1,625	\$1,500	\$750	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$43,953	\$3,663	\$1,832	\$1,691	\$846	\$62,549	\$5,213	\$2,607	\$2,403	\$1,203
8	\$48,919	\$4,077	\$2,039	\$1,882	\$941	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
For Each Add'l Household Member Add	\$4,966	\$414	\$207	\$191	\$96	\$7,067	\$589	\$295	\$272	\$136

# Guía Para Determinar Estudiantes Elegibles

El departamento de Educación le proporciona la siguiente guía para determinar elegibilidad de estudiantes asistiendo esta escuela en el año fiscal 2011. Esta información es importante para determinar si el estudiante es elegible para los programas federales de la ley Elementary and Secondary Education Act, ESEA.

¿Considerando la información, en el cuadro izquierdo de abajo, son los ingresos de su familia lo mismo -o- menos que las cantidades indicadas para el tamaño de su familia?

SI Indicator 1

SI Indicator 2

NO

**Definición de Ingresos:** En esta forma debe de incluir todos sus ingresos debido a salarios, antes de deducciones o impuestos, y otros ingresos recibidos en empleo particular, asistencia pública, asistencia del Seguro Social, beneficios del Seguro de Desempleo, pagos de jubilación, pagos legales de asistencia para sus hijos, ingresos de pensiones y pólizas de seguros, etc.

Si su familia califica, por favor proporcione la siguiente información sobre sus hijos:

<u>Nombre Del Estudiante</u>	<u>Grado Escolar</u>	<u>Edad</u>

Firma del Padre-o-Guardian \_\_\_\_\_

Fecha: \_\_\_\_\_

NOTE: Estas forma debe archivar en las oficinas del distrito escolar

ADE Revised June 1, 2011

### ESEA Eligibility Guidelines July 1, 2011 to June 30, 2012

Household Size	Indicator 1					Indicator 2				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
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For Each Add'l Household Member Add	\$4,966	\$414	\$207	\$191	\$96	\$7,067	\$589	\$295	\$272	\$136



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Legacy Traditional School*  
**MEDIA OPT OUT FORM**  
For Elementary and Junior High School Students

**DISTRICT AND NEWS MEDIA**

The media sometimes covers events at our schools. Your child may be interviewed, recorded, photographed, or videotaped by the media or district staff for a story in the newspaper, radio, or television. In some cases, news photos may be posted on the Internet for public access. Your child's name, photo, or interview may be used in school or district level publications or by the media unless you direct otherwise.

Please check the appropriate box(es) below if you would like your child to be excluded from the following activities:

- I do not want district staff to interview, record, photograph, or videotape my child for use by the school or district in publications or videos, or in promotions, such as advertisements.
- I do not want the news media to interview, record, photograph, or videotape my child for a story in the newspaper, radio, or television.

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**PLEASE NOTE:**

- You may choose to opt out of district and news media coverage releases by submitting this form to the school office within five school days of enrollment.
- This form must be re-submitted at the beginning of each school year.

Parent Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_



Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? \_\_\_\_\_
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? \_\_\_\_\_
3. ¿Cuál fue el primer idioma que aprendió el estudiante? \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter \_\_\_\_\_

Escuela \_\_\_\_\_



## STUDENT HEALTH SCREENING

Legal First Name	Legal Middle	Legal Last Name	Best Contact Phone #

**Medical History**

Has your child had any of the following:

<b>Allergies</b>	No	Yes	Age: ____	<b>Measles</b>	No	Yes	Age: ____
<b>Asthma</b>	No	Yes	Age: ____	<b>German Measles</b>	No	Yes	Age: ____
<b>Convulsive Disorder</b>	No	Yes	Age: ____	<b>Mumps</b>	No	Yes	Age: ____
<b>Tuberculosis</b>	No	Yes	Age: ____	<b>Rheumatic Fever</b>	No	Yes	Age: ____
<b>Chicken Pox</b>	No	Yes	Age: ____	<b>Scarlet Fever</b>	No	Yes	Age: ____
<b>Diabetes</b>	No	Yes	Age: ____	<b>Tonsillitis</b>	No	Yes	Age: ____
<b>Heart Condition</b>	No	Yes	Age: ____	<b>Valley Fever</b>	No	Yes	Age: ____

Does your child have a hearing problem?	No	Yes
Does your child wear prescription glasses?	No	Yes
Does your child have a speech problem?	No	Yes
Please specify any chronic health problems:		
Is your child on daily medications or other medical treatments?		
Has your child had any surgery, accidents or illnesses within the past year?		
Is your child susceptible to infections and if so, what precautions need to be taken?		
Is your child subject to convulsions and what should be our procedure if one occurs?		
Any other health related issues you want to make the school aware of?		
Is your child allergic to food or other substances?	No	Yes
<i>List allergies here:</i>		

Please indicate which of the following medications may be administered to your child for minor injuries or sickness:

Acetaminophen (Tylenol)	Yes	No	Cough drops (Menthol)	Yes	No
Bacitracin-Neomycin (Triple Antibiotic Ointment)	Yes	No	Antihistamine (Benadryl)	Yes	No
Hydrocortisone cream	Yes	No	Vaseline	Yes	No
Carmex	Yes	No	Ibuprofen (Advil)	Yes	No

**I understand that it is my duty to make the school health office aware of any changes in this health history.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## Arizona Department of Education Arizona Residency Documentation Form

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid U.S. passport
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



**State of Arizona  
Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

\_\_\_\_\_  
\_\_\_\_\_

Location of my residence:

\_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid U.S. passport
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**McKinney-Vento Homeless Eligibility Survey**  
*(All information on this form is confidential.)*

Dear Parent/Guardian:

The purpose of this survey is to determine eligibility for potential services under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001. If your family is currently residing in any of the following, **please complete one form for each student enrolling.**

**Section A**

Presently, where does the student stay at night?

- In a shelter
- With more than one family in a house or apartment
- With friends or family members (other than parent/guardian)
- In a motel/hotel, car or campsite

**\*\*\*\*If you did not check a line above, you do not need to complete Section B\*\*\*\***

**Section B**

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home or other phone: \_\_\_\_\_

Total number of persons in household: \_\_\_\_\_

I, (name) \_\_\_\_\_ declare as follows:

I am the parent/legal guardian of \_\_\_\_\_, who is of school age and is seeking enrollment in Legacy Traditional School District.

I am not the parent/legal guardian of \_\_\_\_\_, who is of school age and is seeking enrollment in Legacy Traditional School District.

My date of birth: \_\_\_\_\_

My driver's license number and state or an identification card (type and number): \_\_\_\_\_

Since (date) \_\_\_\_\_ our family has not had a permanent home.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**STUDENT RECORD REQUEST RELEASE**

INFORMATION TO BE RELEASED FROM	INFORMATION TO BE RELEASED TO
Name:	Name:
Title:	Title:
School:	School:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone Number:                      Fax:	Phone Number:

Parent/Guardian would like the following records and or information released to Legacy Traditional School

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Records  | <input type="checkbox"/> Health and Immunization Records  |
| <input type="checkbox"/> Attendance Records                                      | <input type="checkbox"/> Achievement Test Scores          |
| <input type="checkbox"/> Test Records  | <input type="checkbox"/> Psychological Evaluation Records |
| <input type="checkbox"/> Special Education Records (Including Speech and Gifted) | <input type="checkbox"/> Medical Records                  |
| <input type="checkbox"/> Other _____   |   |

Student Name	Date of Birth	Grade

**I hereby authorize the company named above to release information, both verbally and in writing to Legacy Traditional School.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date