Legacy Leadership Academy
Registration Form

Tuition Plan (Please check one)
_____ I. Full Payment due June 1st
_____ II. Half by June 1st, Half by Dec. 1st
_____ III. 12 mo. Payment Plan

STUDENT INFORMATION

Name_____ Date:_____
First Middle Last

Mailing Address_____
City State Zip

Home Address_____
(if different from mailing address) City State Zip

Home Phone (_____)_____ DOB_____ Male_____ Female_____

Entering Grade: _____ Current School: _____

Does your child have a health condition the school should be aware of (**including allergies**)?
□ Yes □ No If yes, please describe:

_____

_____

Does your child have an IEP or 504 Plan?
□ Yes □ No If yes, please describe:

_____

_____

PARENT/GUARDIAN INFORMATION

MOTHER

Title ( ) Miss ( ) Ms. ( ) Mrs. ( ) Dr. _____
First Middle Last

Address_____
City State Zip

Home Phone (_____)_____ Work Phone (_____)_____

Cell Phone (_____)_____ Employer_____

Email Address_____

FATHER

Title ( ) Mr. ( ) Dr._____
First Middle Last

Address_____
City State Zip

Home Phone (_____)_____ Work Phone (_____)_____

Cell Phone (_____)_____ Employer_____

Email Address_____

GUARDIAN

Title ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Miss ( ) Dr. _____
First Middle Last

Address_____
City State Zip

Home Phone (_____)_____ Work Phone (_____)_____

Cell Phone (_____)_____ Employer_____

Email Address_____

EMERGENCY CONTACTS (beyond parent/guardian)

Name	Relationship	Home Phone	Cell Phone	Student Pick Up Allowed?