Logo, company name

Description automatically generated

Welcome

You can download the application, fill it in, save, and then email it back to [michelle@thelegacyschool.com](mailto:michelle@thelegacyschool.com)

OR

You can download the application, fill it out, and then drop it by the front office or mail it to 315 Webb Rd., Salisbury, NC 28147

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLYING FOR**: | | | Grade: | | | Applied to NCSEAA Date:     /    / | | | | | | | | |
| Student’s Name: | | | | | | | | | Date of Birth:      /     / | | | | | |
| Address: | | | | | | | State: | | | | | Zip Code: | | |
| **FAMILY INFORMATION** | | | | | | | | | | | | | | |
| Name  Parent/Guardian: |  | | | | | | | | | Relationship: | | | | |
| Address: (if different from child’s) | | | | | | | | | | | | | | |
| Home Phone: | | | | Cell Phone: | | | Best Daytime Contact #: | | | | | | | |
| Email: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Name  Parent/Guardian: |  | | | | | | | | | Relationship: | | | | |
| Address: (if different from child’s) | | | | | | | | | | | | | | |
| Home Phone: | | | | Cell Phone: | | | Best Daytime Contact #: | | | | | | | |
| Email: | | | | | | | | | | | | | | |
| **Contacts** | | | | | | | | | | | | | | |
| *The student will be released only to the parents/guardians listed above. The student can also be* released *to the following individuals, as authorized by the person who signs this application. The individual must provide ID. In the event of an* emergency*, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.* | | | | | | | | | | | | | | |
| **Name** | | | | | | **Relationship** | | | | | **Phone Number** | | | |
|  | | | | | |  | | | | |  | | | |
|  | | | | | |  | | | | |  | | | |
|  | | | | | |  | | | | |  | | | |
| **Student Academic History** | | | | | | | | | | | | | | |
| *Please list all schools your child has attended starting with preschool. Also, list any behavioral concerns, special needs, detention or expulsion that accorded while attending listed schools.* | | | | | | | | | | | | | | |
| **School Name** | | | | | **Behavioral** | | | | | | | | **Year(s) attended** | |
|  | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | | | |  | |
|  | | | | |  | | | | | | | |  | |
| **FAITH** | | | | | | | | | | | | | | |
| Name of  Church Attending: | |  | | | | | | Pastor: | | | | | | Length: |

Logo, company name

Description automatically generated

**STUDENT**

**ENROLLMENT APPLICATION**

*Office use only*

Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full tuition: Y / N

1st tuition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full resource Fee: Y / N

1st resource:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed, signed, and placed on file by the first day, updated as changes occur and annually.*