

Welcome

You can download the application, fill it in, save, and then email it back to 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

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| **APPLYING FOR**: | Grade:       | [ ]  Applied to NCSEAA Date:     /    /     |
| Student’s Name:       | Date of Birth:      /     /       |
| Address:       | State:       | Zip Code:       |
| **FAMILY INFORMATION** |
| NameParent/Guardian: |       | Relationship:       |
| Address: (if different from child’s)       |
| Home Phone:       | Cell Phone:       | Best Daytime Contact #:       |
| Email:       |
|  |
| NameParent/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** |
|        |       |       |
|       |       |       |
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| **FAITH** |
| Name of Church Attending: |  | Pastor:       | Length:       |

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| **MEDICAL** |
| *For any student with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child’s parent or health care professional. Is there a medical action plan attached?* *[ ]* ***Yes or*** ***[ ]  No*** |
| List all allergies, the symptoms, and the type of response/action required for allergic reactions. |
| **Allergy** | **Symptom** | **Action Needed** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **EMERGENCY MEDICAL CARE** |
| **Name of Health Care Professional** | **Address** | **Phone Number** |
| Doctor:       |       |       |
| Dental:       |       |       |
| Hospital:       |       |       |
| *In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I, as the parent/guardian, authorize The Legacy School to obtain medical attention for my child in an emergency.* |
| Insurance Provider: |       | Insurance Number: |       |
| **Signature of** **Parent/Guardian:** |       | Date:     /     /       |
| **MEDIA RELEASE** |
| *Throughout the year there are occasions when The Legacy School will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in The Legacy School publications, local newspapers, websites, Facebook, Instagram, advertising, or on display at The Legacy School or Cornerstone Church without compensation to you, the child, or your family. We are requesting that you sign a photo/video release for your child.*  |
| [ ]  I give my consent for The Legacy School to use pictures/video of my child.  | [ ]  I do not give my consent for The Legacy School to use pictures/video of my child. |
| **Signature of** **Parent/Guardian:** |       | Date:     /     /       |
| **OUTSIDE RELEASE** |
| *Weather permitting, we will have daily outside time around the campus. This space may or may not be within a fenced area. To access this space, we will need to cross a parking lot.*  |
| [ ]  I give my consent for my student to go outside aroundThe Legacy School campus.  | [ ]  I do not give my consent for my student to go outside around The Legacy School campus. |
| **Signature of** **Parent/Guardian:** |       | Date:     /     /       |

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| **TUITION/FEE POLICY** |
| *The Legacy School tuition for is $5750 + $275 resource for the school year. The tuition can be paid in full or set up with monthly payments. The payments are due in full on the first business day of every month by auto-bill. The late/return service fee is $25. There is a 10% discount for siblings for the 2nd and additional siblings. No credit will be given for school absences, closings, or withdrawals. Students who come to school late (after 8:30am) 3 times or more in a 30-day period without a doctor’s note will be fined $50. By signing my name below, I acknowledge that I am responsible for my child’s/children’s full tuition and resource fee for the school year.* |
| **Signature of** **Parent/Guardian:** |       | Date:      /     /       |
| **TECHNOLOGY POLICY** |
| *Students are offered access to The Legacy School computer network for creativity, communication, research, and other tasks related to their academic program. By signing my name below, I am acknowledging that we (student & parent/guardian) have gone over the technology expectations and we (student & parent/guardian) will adhere to the policies found in the Parent/Student Handbook. I acknowledge that I will not hold The Legacy School or its employees responsible for any materials acquired on the internet.*   |
| **Signature of** **Parent/Guardian:** |       | Date:      /     /       |
| **Signature of** **Student:** |       | Date:      /     /       |
| **DRESS CODE POLICY** |
| *The Legacy School is committed to a simple student dress code that* *fosters an environment of professionalism without distractions. Students are expected to respond cooperatively when informed that they are not in compliance with the dress code while contacting their parent/guardian for a change of clothing.*  |
| **Signature of** **Parent/Guardian:** |        | Date:      /     /       |
| **Signature of** **Student:** |       | Date:      /     /       |
| **DISCIPLINE POLICY** |
| *I am acknowledging I have read The Legacy School’s 2023-2024 Parent/Student Handbook and agree to abide by its policies and procedures.* |
| **Signature of** **Parent/Guardian:** |       | Date:      /     /       |
| **Signature of** **Student:** |       | Date:      /     /       |
| **PARENT/STUDENT HANDBOOK** |
| *The parent/student handbook is for your information and hopefully will answer any questions you have. By signing my name below, I am acknowledging I have read The Legacy School’s 2023-2024 Parent/Student Handbook and agree to abide by its policies and procedures.*  |
| **Signature of** **Parent/Guardian:** |       | Date:      /     /       |