



1102 E Roosevelt Avenue · Indianapolis · IN 46202 · Tel: (317) 423-2866 · Fax: (317) 423-2869  
 www.legacylearningcenter.org

## Enrollment Application Form 2022/2023

**Procedure:**

1. **Submit application and NON-REFUNDABLE Application fee of (\$100.00 for New students) and (\$50 for returning students) per child to Legacy Learning Center.**

2. Copy of **CURRENT** and **Up-to-date Immunization Records**, Copy of **Birth Certificate**, signed medical authorization form, **Internet form (K-12)**, and **home language survey form** must be submitted with application.

All new students must meet with Legacy) Administration (Academic Comity. Students transferring to Legacy Learning Center in Grades 1stand UP, must send school records (including grades, standardized tests, IEP/modifications and disciplinary records), and a placement test **PRIOR** to Legacy administration making a determination about acceptance into the school.

3. **Payment of Commitment Fee** and returned and signed **Enrollment Contract** is required to reserve a position in the classroom.

4. Please type clearly and legibly in all required fields.

Legacy Learning Center Administration reserves the right to decline admission of returning/incoming students based on non-payment of tuition/fees, academic performance, and/or disciplinary issues.

**Parent/Guardian Information**

Parent/Guardian (1) First Name	Middle Name	Last Name
Home Telephone #	Cell #	Social Security Number
Home Address		Email
Parent/Guardian (2) First Name	Middle Name	Last Name
Home Telephone #	Cell #	Social Security Number
Home Address if deferent		Email
<p><b>Do you have access to a device that connects to internet in your home? (For E-Learning Purposes)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		



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### Student Information

Student First Name	Middle Name	Last Name	Date of Birth
Place of Birth	Current Grade Level	ANY SPECIAL NEED (IEP)? Please Explain:	Yes                      No
Home Address			

### School District Information

Resident School District Name	Current School	Current School Phone #
Current School Address		Current School Fax #

### Student Records:

Legacy Learning Center considers the records of all individual students to be confidential information. Student records will be released **ONLY** to other schools or agencies upon receipt of a written request from a parent or guardian and after all outstanding fees, dues, and tuition accounts have been paid in full.

#### Notice of Nondiscriminatory Policy as to Students:

Legacy Learning Center admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the center. The Center does **NOT** discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, academic policies, and athletic and other school administered programs.

The Above information is true and correct to the best of my belief and knowledge.

Signature of Parent/Guardian	Relationship to student	Date
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### \*\*\*For Office Use Only\*\*\*

Date received: \_\_\_\_\_ Class Starting Date: \_\_\_\_\_

Payment received \_\_\_\_\_

Received by ( Print name & signature ) \_\_\_\_\_