



Checklist for Complete Application

****Parents: You need to complete one application for each student enrolled****

MAKE SURE YOU HAVE ALL OF THE FOLLOWING ITEMS COMPLETED BEFORE RETURNING YOUR REGISTRATION PACKET:

To register your child, please COMPLETE the following:

Completed Registration Forms

- Student Information and Release Form
- Student Demographic & Medical Contact Information
- New Student and Special Ed Transfer Procedures and Policies
- Disciplinary History & Student Health Information
- Acknowledgement of Special Notices & Web Release document (one per family)
- Annual Acceptance of Policy
- Declaration of Household Income
- Request for Transfer of Records

To register your child, please PROVIDE the following:

- Required Registration Fee payable to LPA (additional fees due during class registration)
Middle School \$65 (7th & 8th)
High School \$75 (9th & 10th)
- Student's Birth Certificate
- Student Immunization Record or Exemption Form
- A copy of previous IEP or 504 for Special Education students (if applicable)
- Proof of Vision Screening (Kindergarten Only)

All forms must be completed and returned/delivered (NOT POSTMARKED) to the Legacy Preparatory Academy office by the date given to you in order to retain your status as a student at Legacy Preparatory Academy.

INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED.

To complete the enrollment process parents and students must attend an orientation meeting and students must complete a placement test at the school.

By filling out this registration packet and submitting it to the school, you agree to not register your child for any other school during the 2009-2010 school year without notifying LPA of your withdrawal first.

Please be considerate of your child's prior school by informing them that you are registering elsewhere for the 2009-2010 school year.



STUDENT INFORMATION

Home Address:

Home Phone Number:

Prominent Language Spoken in the home:

Last Name	First Name	MI	M/F	Grade	Birth Date	Health Problems <small>If students need to have prescription meds administered at school, please request a medication form from the front office.</small>

Legacy Preparatory Academy requires a legal guardian or a person authorized by the guardian to sign for your student to be released from school during the day. Please include those individuals you would authorize to take your child when you can not be contacted.

Parent/Guardian Contact Information

First & Last Name	Relationship	Cell Phone	Work Phone	Home Phone

Please list any individuals that your child may not be released to or have contact with due to custody matters or any other special circumstances. It is your responsibility to provide a copy of any protective orders to the school.

First & Last Name	Relationship



Student Demographic Information – Student Name _____		
Please check one:		
African American <input type="checkbox"/>	American Indian or Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>
Caucasian <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>
If American Indian, please list tribal affiliation:		

Name and District of student's neighborhood school: _____

Medical Contact Information		
	Name	Phone Number
Professional		
Family Doctor		
Preferred Hospital		

In the event that none of the above are available, or in the case of an emergency, I give permission for my child to receive first aid if necessary, and to be transported to a medical facility if the staff deems it necessary.

 Signature of parent or guardian Relationship to the student(s) Date



New Student and Special Education Transfer Procedures and Policies

Student's Current School: _____

Dear Parent:

Do you have a student who receives special education services with an Individualized Education Plan (IEP) (e.g. speech, resource, behavioral contracting)? Does your child receive Section 504 accommodations for a mental or physical impairment?

- **If yes, please continue to read and fill in this sheet as part of a complete registration packet.**
- If no, fill out the name of the current school your child attends and return as part of the registration packet.

Circle:

Student name(s): _____ Birthdate: _____ IEP and/or 504
_____ Birthdate: _____ IEP and/or 504
_____ Birthdate: _____ IEP and/or 504

- In order to start the new school year in an effective manner, **LPA requires that a copy of each student's IEP or 504 accommodations is included in the child's registration packet.** Failure to do so will constitute an incomplete registration packet. If you do not have a copy, your child's current school must, by law, provide you with one. If you have questions as to how to obtain your child's IEP, please contact Leslie Evans, LPA Director of Special Education, at 936-0555 x.102.
- Upon review of the current IEP, the IEP team (i.e. LPA Director, Sp. Ed. Director, Regular Ed. Teacher, other service providers and Parents) will either adopt the current IEP as written, or meet to design a new one. Please contact Leslie Evans at 936-0555 x. 102 if you have concerns about your child's current IEP. Please include a copy of the current IEP even if you are not presently satisfied with the contents.
- If your child's records will be requested from **out of state**, please contact Leslie Evans at (801) 936-0555 x.102 in order to arrange a time to sign a Release of Records form needed to request out of state records. In state requests do not require this paperwork.



Parents: Please print and fill out one form per student

Disciplinary History			
Student Name	Grade	Parent/Guardian Name	Home Phone

This information is allowed under Utah Code 53A-2-208(3)(b)

Please Circle Yes or No

1. Has your student ever been suspended from school?	Yes	No
2. Has your student ever been expelled from school?	Yes	No
3. Is there any disciplinary action pending concerning your student from his/her previous school of enrollment?	Yes	No

If you answered yes to any of the above questions, please provide details below. Please include school name, student's grade level at the time of the incident, approximate date of the incident, describe the incident for which the discipline was taken, and the type of discipline handed down by the school.

I certify that the above information is true and complete:

Parent/Guardian Signature

Date



Student Health Information – Student Name _____		
Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Explain: _____ _____ _____ _____	Vision: <input type="checkbox"/> Known eye condition <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts Explain: _____ _____ _____ _____	Hearing: <input type="checkbox"/> Known hearing problems <input type="checkbox"/> Uses hearing aid <input type="checkbox"/> Has tubes Explain: _____ _____ _____ _____

Student has the following conditions:

Condition:	Medications:	Dosage:
<input type="checkbox"/> Asthma	_____	_____
<input type="checkbox"/> Epilepsy	_____	_____
<input type="checkbox"/> Fainting	_____	_____
<input type="checkbox"/> Diabetes	_____	_____
<input type="checkbox"/> Heart	_____	_____
<input type="checkbox"/> Migraines	_____	_____
<input type="checkbox"/> Allergies	_____	_____
<input type="checkbox"/> ADHD/ADD	_____	_____
<input type="checkbox"/> Other	_____	_____

Does your student have any condition which may result in a classroom emergency? Yes No

Does your student have a physical condition which could possibly limit participation? Yes No

Explain: _____



ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Legacy Preparatory Academy (LPA), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, LPA may disclose appropriately designated "directory information" without written consent, unless you have advised LPA to the contrary in accordance with LPA procedures. The primary purpose of directory information is to allow LPA to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

LPA has designated the following information as directory information: Student's name, address, email, telephone, photograph, grade level, dates of attendance, participation in officially recognized activities and sports, degrees, honors and awards received.

If you do not want LPA to disclose directory information from your child's education records without your prior written consent, you must notify LPA in writing by the first day your child physically attends school.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), LPA will provide reasonable accommodations to qualified individual with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is LPA's policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in LPA's educational programs. LPA provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact LPA.

EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY

It is the policy of LPA to provide equal educational and employment opportunity for all individuals. Therefore, LPA prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veterans status. This policy extends to all aspects of LPA educational programs, as well as to the use of all LPA facilities, and participation in all school-sponsored activities.

I DO I DO NOT give permission for directory information to be published for my student.

Parent Signature

Date



ANNUAL ACCEPTANCE OF POLICY

- 1.** I have read Legacy Preparatory Academy's mission, philosophy, and proposed curriculum. I commit to support LPA in the pursuit of fulfilling this mission.
- 2.** I understand that a major focus of LPA's mission is to build the foundation of knowledge and critical thinking skills necessary for children to become independent learners for life. I WILL SUPPORT THIS EFFORT BY REVIEWING MY CHILD'S LEARNING PLAN DAILY and by providing a place and a regular time each day that my child can complete his/her assignments in a timely manner.
- 3.** A Docket will be provided for all new students. The Docket will contain several colored file folders representing different subjects. If a docket is lost the replacement docket and folders will be the responsibility of the student and parent.
- 4.** As a charter school, LPA is anxious to offer parents meaningful opportunities to serve the school community on a volunteer basis. I understand the school requests every family to provide 40 hours (20 hours per parent) of volunteer service each year. During school hours I agree to sign in at the front desk and wear a visitor or volunteer badge when I am at LPA.
- 5.** I understand that my child will be required to wear a school uniform. If accepted to LPA, I will ensure my child is in DAILY COMPLIANCE with the school uniform policy.
- 6.** I understand that LPA does not provide transportation to and from school and that we (parents) are responsible to drop off and pick up our child each school day within the specified time frame published in the school handbook.
- 7.** I understand that LPA will not be providing a school lunch program, and that my child will need to bring a sack lunch to school each day.
- 8.** I understand that, **pursuant to federal law**, LPA strives for 96% attendance. **I will commit to minimize my child(ren)'s tardies and absences.** I understand that if my child is absent 10 consecutive school days he/she will be withdrawn from LPA, according to state guidelines. I understand that excessive absences is considered a Class B misdemeanor and will be reported to the appropriate authorities.
- 9.** I will promote the vision of LPA by using positive communication, courtesy and respect when interacting with the staff, students, parents and anyone else in the school community. I will follow the LPA communication model; specifically, I will take any concerns I have directly to the person most able to successfully address those concerns, and not to those who cannot address the concern. I will work in a cooperative manner to promote the school mission.
- 10.** I understand electronic games and devices (cell phones, i Pods, etc.) are NOT allowed during school hours at LPA. I understand items found on campus will be confiscated and may be held by administration until the end of the school year.
- 11.** I understand that volunteers may be asked to grade student papers, and any volunteers who do so will be instructed in school confidentiality guidelines. Students will generally correct their own work, but in some cases may exchange papers to correct them.
- 12.** I understand that it is the goal of Legacy Preparatory Academy to reduce paper usage throughout the school in an effort to save natural and school resources and therefore acknowledge the school will utilize, to the extent possible, email and the World Wide Web as the sole means of communicating with parents and students.
- 13.** I understand that there will be fees associated with registering my middle school and high school student(s).
- 14.** I have read and understand the LPA policies detailed above. I agree to these policies.

Parent Signature

Date

Student(s) Name (List Name and Grade)

Declaration of Household Income

School Year 2009-10

This form is exclusively for use by Utah charter schools which do **NOT** offer a federally supported school meals program. Acceptable completion of this form does **NOT** confer any meal benefits on the student.

Student's Last Name

Student's First Name

Charter School

Student's School District of Residence

If the total annual income before deductions of all persons in the student's household does not exceed the amount given in the table below for a household of that size, the student qualifies as "economically disadvantaged" (based on the Income Eligibility Guidelines for reduced price meals published by the USDA on page 19187 of the *Federal Register* on April 9, 2008):

Household Size	Annual Income (\$)
1.....	19,240
2.....	25,900
3.....	32,560
4.....	39,220
5.....	45,880
6.....	52,540
7.....	59,200
8.....	65,860

For each additional family member, add 6,660

I certify that my child qualifies as economically disadvantaged according to the table above. I understand that this information will be submitted by the school to the Utah State Office of Education and may be used to determine how certain state and federal funds are allocated and how well the school performs academically; that school officials may need to verify my claim in case of an audit; and that deliberate misrepresentation of my household size or income may subject me to prosecution under applicable state and federal laws.

Signature of a parent or legal guardian of the student named above

Date

Printed name of the person who signed this form



Request for Transfer of Records **Notification of Enrollment**

To: _____ in the _____
School Transferring from District

This will serve as official notification that the student referenced below is currently enrolled at **Legacy Preparatory Academy**. Please send this student's complete **Cumulative Record File** which should include complete grades, immunization records, birth certificate, achievement and psychological test results along with any discipline records and **current IEP** files.

Student Name: _____

Date of Birth: _____ Current Grade Level: _____

Address: _____

City: _____ State: _____ Home Phone: _____

IEP: Yes No

If yes, please be sure to check with your Special Services department to ensure that we receive the IEP file.

Please send records to:

Legacy Preparatory Academy
1375 W. Center Street
NSL, UT 84054

A school district may request student records from another school the student has attended previously without parent signature of approval. Pursuant to "Privacy Act" section 438b.

For office use only.

1st request: ____/____/____, 2nd request: ____/____/____, 3rd request: ____/____/____



Legacy Preparatory Academy Registration Fees

Student Name _____

Grade _____

****Required fees due with your registration packet****

7th - 8th Grade

9th - 10th Grade

Textbook Rental	\$30	Textbook Rental	\$35
Locker Fee	\$5	Locker Fee	\$5
Activity Fee	\$10	Activity Fee	\$10
Science Lab	\$5	Science Lab	\$10
Student Planner	\$5	Student Planner	\$5
Technology Fee	\$10	Technology Fee	\$10
Total:	\$65	Total:	\$75

Additional fees such as class fees, pe uniform, parking decal, sports fees, etc. will be due once class schedules are final.