



APPLICATION FOR ADMISSION

THE LEGACY SCHOOL

**115 Terrapin Drive
Sykesville, MD 21784**

STUDENT INFORMATION

Name: _____
Last First Middle

Preferred Name: _____

Gender (circle one): Male Female

Place of Birth: _____

Date of Birth: _____

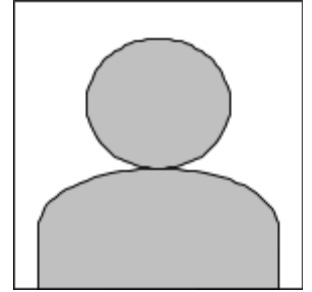
Age at Referral: _____

Current Grade: _____

Current School: _____

Home Address: _____

Home Telephone: _____



Please affix Current Photo
(taken within 3 months)

FAMILY INFORMATION

Mother's Name: _____

Father's Name: _____

Step Adoptive Bio
Salutation: _____

Step Adoptive Bio
Salutation: _____

Home Address: _____

Home Address: _____

Home Telephone: _____

Home Telephone: _____

E-Mail: _____

E-Mail: _____

Occupation: _____

Occupation: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Work Telephone: _____

Work Telephone: _____

Cell Phone: _____

Cell Phone: _____

Marital Status: Married Separated Divorced Single

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Who does the student live with? Mother Father Other: _____

Who has legal custody of the student? Mother Father Other: _____

Who is Financially Responsible for this applicant? Mother Father Other: _____

Who should receive Correspondence? Mother Father Other: _____

DESCRIPTION OF YOUR CHILD

Strongest Subject: _____ Weakest Subject: _____

Does the student have learning disabilities? Yes No

Is the student on IEP (Individual Educational Program)? Yes No

Current IEP Cycle: _____

What are your child's chief personal strengths?

What are your child's chief academic strengths?

What are your child's hobbies and interests?

How do you expect Legacy School to help your child?

Does your child receive tutoring outside of school? (If so, please include the tutor's name, material covered and duration of tutoring.)

REFERRAL INFORMATION

How did you hear about The Legacy School?

Website	Public Schools	Advocates
Lawyer	Conferences	Other Family
Educational Consultant	Hospital	Magazine
Other: _____		

Please list name of specific referral source indicated above (e.g. Educational consultant's name, magazine where you saw and advertisement, school, etc.):

The Legacy School admits students of any race, color, sexual orientation, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to the students at this school. It does not discriminate on the basis of race, color, sexual orientation, and national origin in the administration of its educational policies and other school administrative programs.

The Legacy School is approved as a Maryland School, but is not approved and does not seek to be approved as a Maryland *Special* Education School.

I affirm that I have completed this form with accurate and complete data, omitting no requested information.

Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

**THERE IS AN \$90.00 APPLICATION FEE THAT MUST BE SUBMITTED WITH THIS APPLICATION.
Please make your check out to: The Legacy School**