



Empowered Learning for Dyslexic Children

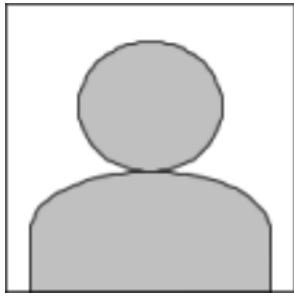
APPLICATION FOR ADMISSION

THE LEGACY SCHOOL

115 Terrapin Drive

Sykesville, MD 21784

The Legacy School ◆ www.legacyschoolmd.org ◆ admissions@legacyschoolmd.org
Tel: (410) 549-1717 Ext. 1 ◆ Fax: (888) 241-5639 ◆ 115 Terrapin Drive, Sykesville, MD 21784



STUDENT INFORMATION

Student's Full Name: _____
First _____ Middle _____ Last _____

Preferred Name: _____

Student's Gender (circle one): Male Female

Place of Birth: _____ Student's Date of Birth: _____

Age at Referral: _____ Current Grade: _____

Current School: _____

Student's Home Address: _____

Telephone: _____

Photo of Your Child:

Please affix Current Photo (taken within 3 months)

FAMILY INFORMATION

Parent/Guardian #1's Name: _____ Parent/Guardian #2's Name: _____

Home Address: _____ Home Address: _____

E-Mail: _____ E-Mail: _____

Home Phone Number: _____ Home Phone Number: _____

Mobile Phone Number: _____ Mobile Phone Number: _____

Occupation: _____ Occupation: _____

Work Phone Number: _____ Work Phone Number: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Marital Status: Married Separated Divorced Single Marital Status: Married Separated Divorced Single

Who does the student live with?

Parent/Guardian #1

Parent/Guardian #2

Other: _____

Who has legal custody of the student?

Parent/Guardian #1

Parent/Guardian #2

Other: _____

Who is financially responsible for this applicant?

Parent/Guardian #1

Parent/Guardian #2

Other: _____

Who should receive correspondence?

Parent/Guardian #1

Parent/Guardian #2

Other: _____

DESCRIPTION OF YOUR CHILD

Strongest Subject: _____ Weakest Subject: _____

Does the student have learning disabilities? Yes No

If so, please explain:

Is the student on IEP (Individualized 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.)

What diagnoses have been given for your child's learning/educational difficulties?

By Whom? _____ Phone: _____

PREVIOUS SCHOOL HISTORY

School Name: _____

Dates Started: _____ Dates Stopped: _____

Address: _____

Grade Completed: _____

School Name: _____

Dates Started: _____ Dates Stopped: _____

Address: _____

Grade Completed: _____

ATTACH YOUR CHILD'S RECENT PSYCHOLOGICAL AND EDUCATIONAL EVALUATIONS.

If you would like to share any other information about your child...

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 an 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.

Parent/Guardian #1 Printed Name: _____

Parent/Guardian #1 Signature: _____ **Today's Date:** _____

Parent/Guardian #2 Printed Name: _____

Parent/Guardian #2 Signature: _____ **Today's Date:** _____

APPLICATION DEPOSIT

There is a \$90 application fee that must be submitted with this application.

Please make your check out to: The Legacy School and mail to: The Legacy School, Attn: Admissions, 115 Terrapin Drive, Sykesville, MD 21784

BILLING ADDRESS

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