

# LEGACY CHARTER SCHOOL

4217 W. 18<sup>TH</sup> STREET

CHICAGO, IL 60623

PHONE: (773) 542-1640

FAX: (773) 542-1699



## SCHOLAR APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male/Female

Last Grade Completed for 2009-2010: \_\_\_\_\_ Projected Grade for 2010-2011: \_\_\_\_\_

## CONTACT INFORMATION

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Are any siblings currently attending Legacy Charter School?  Yes  No

If yes, please list name(s): \_\_\_\_\_

List all siblings applying for 2010-2011 year enrollment:

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**ACADEMIC INFORMATION**

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

- If there are no current openings at Legacy, I authorize my information to be shared with other Charter Schools that do have openings in my child's grade.

How did you hear about us?

- Flyer
- Newspaper
- Friend
- Website
- Other: \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**

I certify that all the answers given in this enrollment application are true.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Notes:




Date received (Stamped) \_\_\_\_\_