

**Legacy Early College
Enrollment Application
2017-2018 School Year**

Full Student Name (please print): _____ Grade _____

Parent/Guardian Name (please print): _____

Parents: Please check the box that reflects your student's status. **This cover sheet is to be attached to the application and accompanying documentation.**

The student was enrolled in a Greenville County school this year.

Name of Greenville County school student attended: _____

The student is not currently enrolled in a Greenville County school (this includes students who attended private or charter schools, home-schooled students or out of district students). Name of school attended: _____

Parents are responsible for submitting all required documentation. If you need additional information, please contact Legacy Elementary at 864-214-1600; Fax 864-451-7023; Legacy Middle at 864-248-0646; Fax 864-631-1109 and Legacy Early College High School at 864-214-1630.

Applications are accepted at the main office of each campus during normal business hours of **7:00-4:00** or may be mailed to the school.

Legacy Elementary School (Grades K5-4) to:

1613 West Washington St. Greenville, SC 29601.

Legacy Middle (Grades 5-8) and Legacy Early College High School (Grades 9-12) to:

900 Woodside Avenue, Greenville, SC 29611.

Please provide the following documentation with the application for administrative review.

- Current or most recent grades
- PowerSchool Attendance Report
- Discipline Report
- Transcript (High School Credits Only)
- If applicable: Copy of IEP 504 Gifted and Talented Standardized Test Score

Equal Education Opportunity: No student shall be denied equal opportunity for admission on the basis of race, sex, color, religion, handicap, marital status or national origin. Legacy Early College is open to all students in grades K5-12 for the 2017-2018 school year.

LEGACY Early College MISSION STATEMENT

"To offer a quality, rigorous, and relevant educational program leading to college graduation and empowering underserved urban students to become productive, fit, principled citizens in a changing society."

Parent/Guardian Signature: _____

Date Application Submitted to School: _____

Please be reminded that any false documentation placed on this application will lead to dismissal of your child from Legacy Early College.

(For office use only)
Received Date _____
Received Time _____
Interview Date _____
Interviewed By _____
Application Complete:

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Please clearly PRINT all information

**REQUIRED
DOCUMENTATION**
____ Birth Certificate
____ Immunization Records
____ Social Security Card
____ Proof of Address

STUDENT NAME: (as it appears on birth certificate and report card)

First: _____ Middle: _____ Last: _____

Date of Birth (Month/Day/Year): _____ Male Female

Grade level applying for: _____ Has your student ever been retained? If yes, what grade? _____

Street Address: _____

City & State: _____ Zip: _____

Student lives with: _____ Relationship: _____

Parent Migrant Foster Home Guardian Court Order Affidavit

PARENT/LEGAL GUARDIAN INFORMATION

Mother/Guardian First Name: _____ Middle: _____ Last: _____

Father/Guardian First Name: _____ Middle: _____ Last: _____

Mother/Guardian Home Phone: _____ Cell Phone: _____

Father/Guardian Home Phone: _____ Cell Phone: _____

E-mail: _____

Street Address if different from student: _____

City & State: _____ Zip: _____

I am a resident of Greenville County. Yes No

Primary Home Language _____

STUDENT INFORMATION

Schools(s) Attended for previous two years: _____

Ethnicity:

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

White Asian Hispanic/Latino Black or African American

Two or More Races: _____ Unclassified

Does your student have any sibling(s) who is/are currently attending or applying for LCS? Yes No

If yes, what is the sibling's name? _____ Grade _____

Additional Name(s) (Grade): _____

Date of Application: _____ **(Office) Received by:** _____

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Legacy Early College

Enrollment

Application

2017-2018 School Year

Please check if your student receives services listed below:

Special Education Services

Does your child have an Individual Educational Plan (IEP)? Yes No

Did you meet with your student's teachers at the End of Last Year to discuss your child's 2017-2018 Individual Educational Plan (IEP)? Yes No Did you receive a copy? Yes No

How has your student been served based on their IEP?

- *Inclusion* – Teacher supports student in regular classroom. Yes No
- *Resource* – Student is pulled out of classroom to be served in Resource. Yes No
- *Self-Contained* – Student is served by one teacher all day for Special Ed. services. Yes No
- *Speech* – Yes No

A-TEAM Meeting

- Have you had an *A-Team meeting* with your student's teachers to discuss an academic/behavioral intervention plan? Yes No
- Have you had an *A-Team meeting* with your student's teachers to discuss the possibility of an evaluation to determine Special Ed Services? Yes No

***If your student has been staffed out of these services, please provide the documentation stating the staffed out date.**

Other Services

504 Plan

Does your student have a 504 Plan for special accommodations? Yes No

ESOL – English as a Second Language

English Proficiency: English LEP ESOL Other: _____

If your child receives ESOL Services, what is your child's score?

Please circle ESOL Score: 1 2 3 4 5 6 7 8 9

Gifted and Talented (GT) Yes No (Parents should have letter from state acknowledging GT)

Please Check: Your student was served in: Math Only, ELA Only, or Math and ELA.

If possible, please provide the paperwork regarding your child's G&T status.

Attendance

Have you received a **court order** due to attendance? Yes No

Have you ever been referred to any program due to attendance issues? Yes No

Thank you for providing this information as it assists us with providing the best academic plan and other services for your student.

Parent/Guardian Signature: _____

Date: _____

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