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Admissions Procedure



New Student Enrollment

Instructions: Please print new student enrollment form from link below and follow instructions

</userfiles/2/my files/new student enrollment application.pdf?id=71> (/userfiles/2/my files/new student enrollment application.pdf?id=71)

Instructions:

- Complete one (1) form per student.
- Mail or deliver completed applications to: Legacy Academy of Excellence Charter School

Address: 4029 Prairie Road Rockford, IL 61102

- New Student Enrollment Applications for Legacy Academy of Excellence Charter School will be accepted through Friday, May 1, 2015. Applications received
- After May 1, 2015 will be placed on a waiting list based on the date and time received and the grade. If new applications exceed the number of seats available,
- Legacy will hold a Lottery on Wednesday, May 13, 2015.

Returning Student Registration

Instructions: Please print returning student registration packet from link below and follow instructions

[/userfiles/2/my files/returning student registration packet 15-16.pdf?id=72 \(/userfiles/2/my files/returning student registration packet 15-16.pdf?id=72\)](#)

Instructions:

- Complete one (1) form per returning student
- Mail or deliver completed applications to: Legacy Academy of Excellence Charter School

Address: 4029 Prairie Road Rockford, IL 61102

- Please fill out form(s) as soon as possible and return to Legacy Academy of Excellence Charter School



4029 Prairie Road, Rockford, IL 61102

Phone :815.961.1100 (tel:815.961.1100)

View Map & Directions (<http://maps.google.com/maps?q=4029 Prairie Road+Rockford+IL+61102>)

[➔ \(/login.aspx\)](#) [🏠 \(/Login/Intranet\)](#)

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Legacy Academy of Excellence Charter School

4029 Prairie Road, Rockford, IL 61102

Phone: 815-961-1100 Fax: 815-968-4597

Creating A Climate and Culture of Excellence



Dr. Barbara Forte – Executive Director

New Student Enrollment Application

2015–2016 Academic School Year

Grades K-11 Only

For Office Use Only

Date Received _____

Time Received _____

Instructions: Please Print. Complete one (1) form per student.

Date Submitted _____

Mail or deliver completed applications to:

Legacy Academy of Excellence Charter School

4029 Prairie Road

Rockford, IL 61102

New Student Enrollment Applications for Legacy Academy of Excellence Charter School will be accepted through Friday, May 1, 2015. Applications received after May 1, 2015 will be placed on a waiting list based on the date and time received and the grade. If new applications exceed the number of seats available, Legacy will hold a Lottery on Wednesday, May 13, 2015.

Applicant Information (to be completed by Parent/Legal Guardian only with official proof of guardianship and government issued identification)

Child's Legal Name:

Date of Birth:

Last First Middle Month/Day/Year

Home Address: _____ Apt.# _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): Home: _____ Cell: _____

Gender: Female Male

Grade Entering in 2015-2016:

K 1 2 3 4 5 6 7 8 9 10 11

(Please note that all grade assignments are tentative until all former school records have been received.)

Last School Attended: _____ N/A

School Address: _____ School District: _____

City: _____ State: _____ Zip Code: _____

Siblings

Are you applying for any siblings? No Yes

If yes (Please list names below and complete a separate enrollment application for each sibling)

Names:

Gender

1. _____	Grade Entering: _____	D.O.B. _____	M <input type="checkbox"/> F <input type="checkbox"/>
2. _____	Grade Entering: _____	D.O.B. _____	M <input type="checkbox"/> F <input type="checkbox"/>
3. _____	Grade Entering: _____	D.O.B. _____	M <input type="checkbox"/> F <input type="checkbox"/>
4. _____	Grade Entering: _____	D.O.B. _____	M <input type="checkbox"/> F <input type="checkbox"/>

SCHOOL HISTORY

Alternative Setting

Is student currently under expulsion? Yes No
Is student in the process of being expelled? Yes No
Has student ever been expelled? Yes No
Is student in the process of being placed in an alternative school setting? Yes No
Offense (if any) _____

PARENT/GUARDIAN INFORMATION

1. Are you the legal guardian? Yes No

Last Name First Name Middle

Relationship to the student: Parent Step-Parent Grandparent Other: _____

Address Apt # City State Zip

Home Phone Cell Phone Work Phone

Child resides with the above listed Child does not reside with the above listed

2. Are you the legal guardian? Yes No

Last Name First Name Middle

Relationship to the student: Parent Step-Parent Grandparent Other: _____

Address Apt # City State Zip

Home Phone Cell Phone Work Phone

Child resides with the above listed Child does not reside with the above listed

How did you first find out about Legacy Academy of Excellence Charter School?

Friends Family Newspaper Flier/Mail Website/Internet Local Meeting

Bus Transportation

3. Will the student need bus transportation? Yes No
If yes, please check the applicable box: To School From School Both

As applications are received, the date stamped in the "for Office Use Only" box will determine the date and the time received, not the parent/guardian signatures date. If the number of applications does not exceed the enrollment limit, students will be enrolled in the Legacy Academy of Excellence Charter School, and parents will receive written notification of acceptance. Parents will be notified of the results of the lottery, should it become necessary. Using the same lottery procedure, those students who are not accepted will automatically be placed on a waiting list, and will be contacted when a vacancy becomes available.

Preference is given to siblings of students already at the school for any available openings. Applications received after open enrollments are accepted on a first-come, first serve basis for any remaining openings or put on waiting list if no openings remain. It is the parent/guardian's responsibility to notify the school of address and/or phone number changes. Each application is valid for one school year only.

Legacy Academy of Excellence Charter School is a public school and admits students of any race, color, gender, sex, ancestry, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not and shall not discriminate on the basis of race, color, gender, sex, ancestry and national or ethnic origin in the administration of its educational policies, scholarships and loan programs, and athletic or other school administered programs.

Grade placements are tentative pending verification of the final report card for students Grades 1-12.

In the event that we must conduct a lottery, you will be notified to attend the session.

Signature:

By signing, I certify that all of the information on this student application is true to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

*Please mail or deliver completed applications to:
Legacy Academy of Excellence Charter School
4029 Prairie Road
Rockford, IL 61102*

All applications are to be turned in no later than **May 1st, 2015** to the Front Office.