



Legacy Schools

7618 E University Drive; Mesa, AZ 85207

(480) 981-1500

Request for Student Records

I am requesting my child's complete educational file to be sent to Legacy Schools.

- Report cards
- Birth certificate
- Immunization record
- Standardized test results
- Attendance
- Discipline records
- IEP (Individual Education Plan)
- Current MET report
- Speech Evaluations
- 504 plan
- Psychological Evaluations
- ELL Status (Test copies & years eligible)

Students will not be enrolled until records are received

Student Information: (To be completed by Parent/Guardian)

Last Name	First Name	M.I.
Birth date	Birthplace	Sex M or F
Parent/Guardian Name		
Last School Attended	Phone number	Fax number
Address of Last School Attended	City and State	Zip
Last Date Child Attended this School	Last Grade Enrolled	

Signed: _____ Date _____
Parent/Guardian

If you need further information, please contact our registrar at (480) 981-1500. Records may be mailed to the above address or faxed to (480) 641-4473.

AUTHORIZATION TO RELEASE SCHOOL RECORDS

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol.14, No.18, Page 24673)

Request date _____

Legacy School does not discriminate on the basis of race, color, religion, sex, disability or national origin.



Legacy Schools

7618 E University Drive; Mesa, AZ 85207

(480) 981-1500

Student Information Sheet
2009-2010

Student Name
Date of first day attended School
Grade and Teacher

EDUCATION INFORMATION

Has the student been in any special education classes? YES NO
Current Individual Education Plan (IEP) Has been exited from IEP
Gifted
Has current 504 Plan
Has been identified as English as a 2nd language (ELL)

SUSPENSION / EXPULSION INFORMATION

Has the student ever been suspended / expelled from another school? YES NO
School: Year:
Phone #: Administrator:
Reason:
Length of suspension: Short Term Long Term
Expelled: YES NO
According to A.R.S. § 15-184 a charter school may refuse to admit any pupil who has been expelled from another educational institution or who is in the process of being expelled from another educational institution.

LEGAL INFORMATION

Are there legal papers regarding custody, guardianship, or restraints? YES NO
Please provide copies of the following documentation:
Custody/Guardianship Papers
Restraints/Order of Protection
Other:

OFFICE USE ONLY

Student ID# SAIS ID#
Birth Certificate Immunizations IEP Legal Paperwork
Test Scores/Grades Lunch App/Meal Time Screening Computer
Records Requested Records Received

Legacy School does not discriminate on the basis of race, color, religion, sex, disability or national origin.

Current IEP?	YES	NO
--------------	-----	----



SAIS ID #

Legacy Schools

7618 E University Drive; Mesa, AZ 85207

(480) 981-1500

Registration Form 2009-2010

Current Grade

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	
Ethnicity: (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian American / Alaskan <input type="checkbox"/> Asian / Pacific Islander		Sex: M F	Birth date: / /		Birthplace (City & State):
Student's Home Address:			City	State	Zip Code
Mother's Name:		Address (if different than student):			
Email address:					
Home Number ()		Work Number: ()		Cell Number: ()	
Father's Name:		Address (if different than student):			
Email Address:					
Home Number: ()		Work Number: ()		Cell Number: ()	

EMERGENCY INFORMATION

Contact Preference	1.	2.	3.
Person to contact in an emergency:	Relationship:	Home Number: ()	Cell Number: ()
Person to contact in an emergency:	Relationship:	Phone Number: ()	Cell Number: ()
Family Physician:	Phone Number: ()		

SIBLINGS ATTENDING LEGACY SCHOOLS OR EAST VALLEY HIGH SCHOOL

Name	Grade	Name	Grade
Name	Grade	Name	Grade

STUDENT TRANSPORTATION

<input type="checkbox"/> Walks to / from school <input type="checkbox"/> Parents Transport <input type="checkbox"/> Bus Transportation <input type="checkbox"/> Day Care Transport	
Bus Information:	AM Bus Route _____ PM Bus Route _____

The above information is accurate and complete to the best of my knowledge.

Parent Signature _____ **Date** _____

Legacy School does not discriminate on the basis of race, color, religion, sex, disability or national origin.



LEGACY SCHOOLS ABSENCE REPORTING POLICY

Pursuant to ARS § 15-802: Absence from school, Notification of parent or person having custody of pupil:

1. In case of absence from school, the parent or guardian is required to notify the school attendance personnel in advance of or at the time of the absence.
2. At the time of registration, the parent or guardian is required to furnish the school with at least one telephone number, where the parent or guardian may be contacted during the school day. If there is a change in telephone numbers during the school year, the parent or guardian is to promptly notify the school office.
3. In case a student is absent from school and the parent or guardian has not notified the school, the school will make a reasonable effort to notify the parent or guardian within a reasonable amount of time after attendance has been taken and reported to the office.

STATEMENT OF ACKNOWLEDGMENT

I have read and understand the Absence Reporting Policy.

Signature of Parent/Guardian

Date

Student Name



Medical Information Form

_____ M _____ F _____
 Student Name Gender DOB Grade

Does your child wear eyeglasses or contacts? YES NO

Please list all medications that your child is currently taking.

1. _____
2. _____
3. _____

Below is a list of medications that the Health Assistant has available for use in treating illness and injuries that may occur in school. Please check the medications that you approve your child to receive.

- Acetaminophen (Tylenol)
- Antibiotic Ointment
- Pepto-Bismol
- Calamine Lotion
- Cough Drops
- Eye Drops

Is your child allergic to food or other substances? If so, name the foods or substances to be avoided and procedure to follow if reaction occurs.

Are there any physical conditions that we should be aware of, and what precautions should be taken?

My Child _____, who is currently enrolled at Legacy Elementary School, may receive any of the medications checked above when needed as appropriate treatment for my child.

 Signature of Parent/Guardian

 Date



Legacy Schools

7618 E University Drive; Mesa, AZ 85207

(480) 981-1500

Photo Release form

I, _____, hereby grant permission for my child, _____, to be photographed, audio taped, or video taped for any school related activity, article, brochure, video production, or any other publication to be used for publicity or advertising purposes, as well as school related functions.

Signature of parent or legal guardian

Date