

Legacy Academy Letter of Intent

I hereby state my preference to place my child/children on the Legacy Academy waitlist for the
20_____ -20_____ school year.

This Letter of Intent does not obligate the parent to participate in the Legacy Academy program, nor does it imply or guarantee your child's placement in the Legacy Academy program. The child will stay on the waitlist until admitted to school or upon parent declining position for child. The waitlist will automatically move to the next grade level each year. Please visit www.legacyk8.org for enrollment priority. Proof of residency is required. Elizabeth C-1 District requires children to be 5 years of age on or before September 15th to be eligible to enter kindergarten. Birth certificate is required.

In the event any information is falsified or withheld from the district during the admission process, approval for admission can/will be withdrawn immediately.

Mother's Name _____
First Last

Mother's Day Phone: _____

Father's Name _____
First Last

Father's Day Phone: _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

My child/children are presently educated at: _____.

REQUIRED: We are residents of the _____ School District.

Parent Signature _____

Home Phone: _____

Full Name of Child	Date of Birth	Year to enter kindergarten or grade level for the year they will be attending
1.		
2.		
3.		
4.		

Does your child/children require any special academic, medical or social support: Yes / No

If yes, please explain and provide a copy of the supporting documentation: (example: Health Care Plan/IEP/504/ILP/etc.)



Return completed forms to:

Legacy Academy

1975 Legacy Circle,
 Elizabeth, CO 80107

Phone: 303-646-2636 Fax: 303-646-2635

Office Use Only:

Current Time: _____

Today's Date: _____