

Legacy Academy of Distinction

312 N.E. 28th, Ste. 101-102, Oklahoma City, OK 73105

Enrollment Application School Year _____

Student's Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Grade: _____ Age: _____ Gender _____ DOB: _____

PARENT INFORMATION

Employer _____

Address _____

City _____ State _____ Zip Code _____

Supervisor _____ Phone _____

EDUCATION INFORMATION

Student's previous school: _____

Is your student in the correct grade? _____ Yes _____ No

Does your student struggle in any subject? _____ Yes _____ No If yes, please state the subject and the struggle.

Does your student have any behavior issues? _____ Yes _____ No If yes, please state the problems and what we can do to help.

Does your student have a favorite subject? _____ Yes _____ No If yes, please state the subject and why.

Does your student have any siblings? _____ Yes _____ No If yes, please give name and age.

PARENT/GUARDIAN PAYMENT AGREEMENT

_____(initial) I understand that all payments made to Legacy Academy of Distinction school year _____ are non-refundable.

_____(initial) I understand all payments are due on or before the first day of camp or the date the student attends. This includes full payment, monthly, weekly, and drop-in payments.

_____(initial) I understand students can be dropped off as early as 7:30 a.m. and must be picked up by 5:30 p.m. At 5:31 p.m., parents/guardians will be charged \$1.00 per minute.

_____(initial) I understand any and all special requests must be submitted in writing.

_____(initial) I understand I must make a one-time non-refundable registration fee in the amount of \$35.00.

PLEASE CHOOSE YOUR PREFERRED PAYMENT PLAN,

_____(initial) I agree to make a one-time non-refundable payment of **\$4,500.00**, which I will be paid in full no later than the 5th day of the beginning of the school year _____.

_____(initial) I agree to make non-refundable payments of **\$2,250.00** for the first semester, which is due no later than the 5th **day** of the beginning of the first semester school year _____.

_____(initial) I agree to make non-refundable payments of **\$2,500.00** for the second semester, which is due no later than the 5th **day** of the beginning of the second semester for school year _____.

_____(initial) I agree to make a non-refundable payment of **\$500.00** per month per semester, which is due no later than the 5th **day** of the month for school year _____.

_____(initial) I agree to make a non-refundable payment of **\$135.00** per week per semester, which is due every **Monday** Of school year _____.

_____(initial) I agree to make a non-refundable payment of **\$30.00** per **day** for drop off school year _____.

If the payment you agreed upon is not paid on or before the 5th day of the month, a \$25.00 fee will be assessed on the 6th day of the month and every 4th day following until the agreement has been paid in full. You may also change your payment agreement in a written request on or before the 7th day of the beginning of the school or when you enroll your student.

PLEASE CHOOSE YOUR PREFERRED METHOD OF PAYMENT:

_____(initial) I agree to make payments to Legacy Academy of Distinction for school year _____ in the form of **CASH OR CASH APP to: \$Tricitchell2**

_____(initial) I understand and agree that I will give a two-week notice withdrawing my student(s) from Legacy Academy of Distinction school year _____.

I _____ understand and agree to the above-initialed statements regarding my non-refundable payments to Legacy Academy of Distinction for school year _____.

Print Name _____

Signature _____

Date _____

Legacy Academy of Distinction Student Code of Conduct_____

What is a code of conduct? A code of conduct is a set of rules set up by Legacy Academy of Distinction to be followed by all students participating in the school year _____ to keep everyone physically, mentally, and spiritually safe.

Legacy Academy of Distinction is committed to raising the standards in our community with distinction and exceptional professional and academic conduct:

- Respect- always include all students, teachers, staff members, and volunteers.
- Bullying will not be tolerated.
- Fighting will not be tolerated.
- Teasing, threatening, harassing, name-calling, cursing, "your mama" jokes, etc., will not be tolerated.

Students must turn in electronic devices when entering camp. The device will be returned when the student leaves for the day. All electronic devices will be confiscated and returned to the student's parent for a fee of \$5.00 on the first offense, \$10.00 on the second offense, and not allowed in the building on the third offense.

Keep hands, feet, and objects to yourself, including public displays of affection, and never intentionally harm another student.

Use appropriate language indoors and outdoors at all times.

Be polite and respectful to everyone, including students, teachers, administrators, support staff, and visitors.

Display and maintain friendly and courteous behavior to all students, teachers, staff members, volunteers, and visitors at all times.

I _____ understand and agree that failure to follow the above Code of Conduct would violate these codes, which may result in disciplinary actions, including my being sent home for a term deemed necessary by the Legacy Academy of Distinction. If the behavior continues, I will be dismissed from the Legacy Academy of Distinction school year_____.

If you have a problem with a student, please let Ms. Tamaiko or Ms. Trish know **immediately**.

STUDENT DRESS CODE

*** See attached for more information**

AUTHORIZATION FORM

I _____ give the following individuals permission to pick up my student(s) on this authorization form. I understand that they must bring current, valid identification.

I _____ also give the following individuals authorization to check on my student(s) progress as it relates to the school year_____.

Anyone not on the authorization form cannot pick up or check on your student(s), so please list as many people you trust. Legacy Academy of Distinction will not give out any information over the telephone. ALL inquiries must be made in person.

Name:	Relationship to you	Phone
Name:	Relationship to you	Phone
Name:	Relationship to you	Phone
Name:	Relationship to you	Phone
Name:	Relationship to you	Phone
Name:	Relationship to you	Phone
Name:	Relationship to you	Phone
Name:	Relationship to you	Phone

You are welcome to write on the back of this form if you need additional space.

AUTHORIZATION FORM

I _____ give my student(s) _____

Permission to participate in the Field Trips offered/sponsored by Legacy Academy of Distinction for the school year _____.

_____ (initial) My child(ren) **DO or DO NOT** have food/outdoor allergies. If your child has allergies, please list them: _____

_____ (initial) My child(ren) **CAN** _____ **CAN NOT** _____ be photographed, videotaped, or use of voice to be used in any way to promote Legacy Academy of Distinction.

_____ (initial) My child(ren) **DO or DO NOT** have any health issues that may prevent them from participating in any or all activities. Are there any medications that the Legacy Academy of Distinction for the school year _____ needs to know about? _____ **Yes** _____ **No**

I _____ will not hold Legacy Academy of Distinction for the school year _____ on any claim for damages, liabilities, expenses, or loss arising out of activities under this agreement.

In addition to this agreement, in case of an accident or need of medical attention,

I _____ permit Legacy Academy of Distinction school year _____ to call emergency services. (It is also understood that the cost for treatment provided will be the responsibility of the parent or guardian.)

In case of emergency please contact:

Name: _____ Relationship: _____

Cell Number: _____ Home Number: _____ Work Number: _____

E-mail _____

Name: _____ Relationship: _____

Cell Number: _____ Home Number: _____ Work Number: _____

E-mail: _____