

Legacy Academy
Letter of Commitment
2009 – 2010

Dear Current Parent of Legacy Academy:

I confirm that my child(ren) **WILL BE** attending Legacy Academy for the 2009-2010 school year.
Please **reserve** a place for my child(ren) in the grades indicated below.

I confirm that my child(ren) **WILL NOT** be attending Legacy Academy for the 2009-2010 school year.
Please **remove** my child(ren) from the grades indicated below.

Child's Name _____ 2009-2010: _____

Child's Name _____ 2009-2010: _____

Child's Name _____ 2009-2010: _____

Child's Name _____ 2009-2010: _____

Child's Name _____ 2009-2010: _____

If your child(ren) will be attending Legacy Academy, please accompany this completed form with a consumable fee of \$50 for the first child and \$25 for each additional child (not to exceed \$100 per family). If your family is eligible for Free or Reduced Lunch, all consumable costs are waived. If you have difficulty paying the consumable fee, please contact the office for other options.

<hr/> Parent Name (please print)	<hr/> Date
<hr/> Home Phone	<hr/> Cell Phone

Comments: _____

Office Use Only

Received by _____ Date _____

Check Number _____ Cash _____ Other: _____

Amount: (circle one) \$100.00 \$75.00 \$50.00

Legacy Academy
1975 Legacy Circle
Elizabeth, CO 80107
(303) 646-2636