

Office Use Only: Current Time: _____ Today's Date: _____

Letter of Intent for Legacy Academy

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

*Elizabeth C-1 District requires children to be 5 years of age on or before
September 15th to be eligible to enter kindergarten.*

<u>Full</u> Name of Child	Date of Birth	Year to Enter Kindergarten or Grade Level for the above indicated year.
1.		
2.		
3.		
4.		
5.		

Are any of your children currently attending Legacy Academy? Yes / No

My child/children are presently educated at: _____.

REQUIRED: We are residents of the _____ School District.

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.

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

If yes, please explain:

Mother's Name _____ Mother's Day Phone: _____
First Last

Father's Name _____ Father's Day Phone: _____
First Last

Address _____ Home Phone: _____

Mailing Address _____

City _____ Zip _____

Parent Signature _____

Return completed forms to:

Legacy Academy

1975 Legacy Circle, Elizabeth, CO 80107

Phone: 303-646-2636 Fax: 303-646-2635 www.legacyk12.org

*Legacy Academy shall not illegally discriminate in its admissions based on a student's race, creed,
sex, national origin, religion, ancestry, disability or need for special educational services.*