

LEGACY PREPARATORY ACADEMY STUDENT REGISTRATION FORM

PLEASE PRINT FIRMLY

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THIS BLOCK FOR SCHOOL USE ONLY

Hillsborough County Public Schools

SCHOOL YEAR		SCHOOL NAME LEGACY PREPARATORY ACADEMY		DISTRICT STUDENT NUMBER		ENTRY CODE	
TEACHER OR HOMEROOM			GRADE		STATE STUDENT NUMBER		ENTRY DATE
EMERGENCY INFORMATION:							
NAME OF STUDENT (LAST)		(FIRST)		(MIDDLE)		DATE OF BIRTH MM DD YY	
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ETHNIC CATEGORY: <input type="checkbox"/> NON-HISPANIC/LATINO <input type="checkbox"/> H - HISPANIC/LATINO		RACIAL CATEGORY: <input type="checkbox"/> W - WHITE <input type="checkbox"/> B - BLACK <input type="checkbox"/> M - MULTI-RACIAL <input type="checkbox"/> A - ASIAN/PACIFIC ISLANDER <input type="checkbox"/> I - AMERICAN INDIAN OR ALASKAN NATIVE					
Mailing Address: (STREET NUMBER & NAME, CITY, ZIP CODE)							
RESIDENCE ADDRESS - (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE.)							HOME PHONE
PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)				PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)			
EMPLOYER NAME				EMPLOYER NAME			
BUSINESS PHONE / EXT.		PAGER OR CELL NUMBER		BUSINESS PHONE / EXT.		PAGER OR CELL NUMBER	
EMAIL:				EMAIL:			
RELATIONSHIP TO STUDENT: (CIRCLE ONE)		P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM		O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: (CIRCLE ONE)	
						P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)			DAYTIME PHONE	PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)			DAYTIME PHONE
HOSPITAL PREFERENCE		PHYSICIAN'S NAME & PHONE NUMBER			DENTIST'S NAME & PHONE NUMBER		
CURRENT HEALTH PROBLEMS: ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER _____		EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING:					
* In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian or person(s) designated above, the school will contact the physician or will make the necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/legal guardian.							
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.				X _____ Signature of Parent/ Legal Guardian		_____ Date	

Have you ever had a Relative attend Mt. Pleasant/Legacy? Yes No
 If yes, Name? _____ Relationship _____

ADDITIONAL STUDENT INFORMATION

Student's Social Security Number _____ - _____ - _____ Birthplace _____ City _____ State _____ Country _____

First-time Hillsborough County Student

Did the student relocate/move to Hillsborough County from **ANOTHER county, state, or country** within the past year? No Yes

If yes, City _____ State _____ County _____ Country _____

School History

Last School attended by the Student: Public Private Home Education (include dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____ Country _____

If student ever attended a Hillsborough County Public School, name of School _____

Home Language Survey

Is a language other than English spoken at home? No Yes What language? _____

Did the student have a first language other than English? No Yes What language? _____

Does the student most frequently speak a language other than English? No Yes What language? _____

Student Born outside United States? No Yes If Yes, Date First Entered a U.S. School? Month (MM) _____ Day (DD) _____ Year (YYYY) _____

State Mandated Information

Pursuant to Section 1006.07, Florida Statutes, Legacy is required to ask questions 1-4 below.

1. Has student ever been expelled from a previous School? No Yes If yes, Date: _____ School (Name/County/State): _____

2. Has student ever been arrested resulting in a charge? No Yes

3. Has student ever had Juvenile Justice action taken against him/her? No Yes

4. Has student ever been referred to mental health services? No Yes If yes, Date: _____

Either head of household a law enforcement officer, firefighter, or judge/justice? No Yes

Either Parent federally connected through employment in the military service as a civilian employee or by residing in a housing project? No Yes

Did your family ever travel to look for work on a farm or do paid farm labor? No Yes

Is the student a parent with either custody or joint custody of a minor child? No Yes

"(I)" /We are the parent/legal guardian of the above named child. "(I)" /We give permission for the Hillsborough County Public Schools to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate the process of verifying Medicaid eligibility.

Signature of Parent/Legal Guardian _____

Date _____

BUS TRANSPORTATION REQUESTED. No Yes

If yes, list major cross streets near your address _____