

Legacy Traditional School Application

Enrollment Form, Part 1

This enrollment application is for Legacy Traditional School - North Valley for attendance during the 2017-2018 school year. Completion of this form is the first step in Legacy Traditional School's enrollment process. All applications received before the scheduled enrollment lottery will be included in the lottery process.

Student Information

Legal First Name **Mailetoa**

Legal Middle Name **Tapuni**

Student does not have a middle name.

Legal Last Name **Siu**

Suffix

Grade Level Applying For

4

Gender **Male**

Date of Birth **4/9/2008**

Address

Home Address **7660 Woven Memories St**

City **Las Vegas**

State **NV**

Zip Code **89149**

Is this address within the boundaries of Clark County?

Yes

Main Phone Contact Number (cell phone preferred)

808-649-9788

Do any of the following apply?:

Student lives in a shelter/group home

Student is doubled up with relatives or friends due to loss of housing or economic hardship

Student is living in a motel, car or campsite

None of the above applies

Twins, Triplets or other Multiple Births

Does this student have any multiple births (twins, triplets, etc.) that would like to apply to the same grade and school?

No

Parent/Guardian Information

Please enter information for at least one primary contact below

Who does the student live with?

Both Parents

Mother

First Name **Evangeline**

Last Name **Siu**

Is this parent employed at Legacy Traditional or a member of the board?

No

Father

First Name **Lesea**

Last Name **Siu**

Is this parent employed at Legacy Traditional or a member of the board?

No

Best Contact Phone Number **808-649-9788**

Phone Type **Cell**

Email **evangelinesiu@gmail.com**

No email address available.

Best Contact Phone Number **808-426-0370**

Phone Type **Cell**

Email **leseasiu@yahoo.com**

No email address available.

School History

Has the student previously attended school?

Yes

The last school attended was homeschool.

Last School Attended **Imagine Mountain View School**

Does this student wish to transfer to North Valley from another Legacy Traditional School?

No

Previously/Currently Attending Grade:

3

Previous School Phone **702-253-0251**

Previous School Fax

Omitting information may lead to a change in enrollment options for prospective students.

Has your child ever been suspended or expelled?

No

Does your child have an IEP?

No

Does your child have a 504 Plan?

No

Enrolled Siblings

Does the student have a sibling who is currently enrolled at a Legacy Traditional School?

No

Applying Siblings

One interest form must be submitted for **each** student you are interested in enrolling. Listing student names in this section is only for informational purposes.

Are you submitting an Application Form for additional siblings?

Yes

Sibling 1

First Name **Vaeai**

Last Name **Siu**

Grade Level Applying For **2**

Sibling 2

First Name

Last Name

Grade Level Applying For

I acknowledge and understand that an interest form must be submitted for each sibling interested in enrolling.

Yes

Electronic Signature

The electronic signature below and its related fields are treated by Legacy Traditional School like a handwritten signature on a paper form.

I hereby certify that I am the legal guardian for the above named student and the information that I have provided is accurate and true.

I Agree **Yes**

Date **1/3/2017**

Electronic Signature **Evangeline Siu**

Submission Confirmation

Email Address for Confirmation Email

evangelinesiu@gmail.com

I do not wish to receive a Submission Confirmation Email.

Legacy Traditional School Enrollment Form

This form is intended to gather information on students that will be enrolling at Legacy Traditional School for the 2017-2018 school year.

If you intend not to enroll, you must indicate that below.

Please Select One: **EnrollYes**

How did you hear about Legacy Traditional School - North Las Vegas?

Word of Mouth

Please continue through the rest of the online form to complete the enrollment information for your student.

Student Information

Legal First Name **Mailetoa**

Legal Middle Name **Tapuni**

Check here if student does not have a middle name

Legal Last Name **Siu**

Suffix

Date of Birth **04/09/2008**

Gender **Male**

Please Select a Track: **Mozart**

Please select either Band (choose from: clarinet, flute, percussion, trombone, trumpet, saxophone) or Orchestra (chose from: violin, viola, cello)

Band

Check here if the mailing address is different from the physical address listed above.

Academic

Enroll Grade for 2017-2018

4

Home Address

Student Home Address **7660 Woven Memories St**

Apt.

City **Las Vegas**

State **NV**

Zip Code **89149**

Is the address listed above correct?

Yes

Primary Contact Information

Primary Phone Number for Attendance Calls:

Country Code **1**

Local Number **808-649-9788**

Primary Email for All Student Communication

evangelinesiu@gmail.com

Family Information

This student lives with: **Both Parents**

Student lives in a shelter/group home

Student is doubled up with relatives or friends due to loss of housing or economic hardship

Student is living in a motel, car or campsite

None of the above applies

Parent Employment

Does either parent work in agriculture or dairy?

No

Does either parent have a job that is temporary or seasonal?

No

Has either parent moved within the last three years due to his/her job in agriculture or dairy?

No

Is either parent a first responder?

No

Is either parent or guardian employed on federal property but NOT on active duty?

No

Is the parent or guardian on active duty in the Uniformed Services of the United States?

No

Is either parent both an accredited foreign government official and a foreign military officer?

No

Does either parent spend more than 50 percent of his or her working time on federal property engaged in farming, grazing, lumbering or mining?

No

Parent / Legal Guardian 1

First Name **Evangeline**

Last Name **Siu**

Relationship **Mother**

Does this parent live with the student at the Student Home Address?

Yes

Cell Phone **808-649-9788**

Home Phone

Work Phone/ext.

Email Address **evangelinesiu@gmail.com**

Check here if this parent does not have an email address

Parent / Legal Guardian 2

First Name **Lesea**

Last Name **Siu**

Relationship **Father**

Does this parent live with the student at the Student Home Address?

Yes

Cell Phone **808-426-0370**

Home Phone

Work Phone/ext.

Email Address **leseasiu@yahoo.com**

Check here if this parent does not have an email address

Custody

Are there any court documents that Legacy Traditional School needs to be aware of pertaining to your child? (i.e. an order of protection, injunction against harassment, etc?)

No

Siblings Currently Enrolled at Legacy Traditional School

Do you have one or more siblings currently attending Legacy Traditional School?

No

Grandparents Volunteering

Legacy Traditional School allows parents and grandparents to volunteer in the classroom. Please list the names of all grandparents that you permit to be background checked and allowed to volunteer in your child's classroom.

Grandparent 2

Full Name

Grandparent 4

Full Name

Grandparent 1

Full Name

Grandparent 3

Full Name

The following individuals will be contacted if the school is unable to reach the parents. Additionally, the following individuals will be permitted to pick up the student from school.

Emergency Contact 1 (other than the parents/guardians previously listed)

First Name **Alycia**

Relationship to Student **Aunt**

Last Name **Tebbs**

Phone **435-592-2820**

Phone Type **Cell**

Emergency Contact 2 (other than the parents/guardians previously listed)

First Name **Julie**

Relationship to Student **Aunt**

Last Name **Pulu**

Phone **808-597-4830**

Phone Type **Cell**

Emergency Contact 3 (other than the parents/guardians previously listed)

First Name **Jochi**

Relationship to Student **Aunt**

Last Name **Reese**

Phone **702-349-1118**

Phone Type **Cell**

Emergency Contact 4 (other than the parents/guardians previously listed)

First Name **Toni**

Phone **443-985-6989**

Last Name **Reis**

Phone Type **Cell**

Relationship to Student **Aunt**

Emergency Contact 5 (other than the parents/guardians previously listed)

First Name

Phone

Last Name

Phone Type

Relationship to Student

Ethnicity and Race Information

Ethnicity

Is this student Hispanic/Latino?

Defined as a person of Cuban, Mexican, Puerto Rican, or other Spanish culture or origin, regardless of race

No

Race

Select Race(s)

Note: After selecting one race you will have the option to specify additional races.

Native Hawaiian or other Pacific Islander

American Indian or Alaskan Native

Asian

Black or African American

White

Place of Birth

Birth Country **US**

Birth State **HI**

School History

Last School Attended: **Imagine Mountain View School**

Grade Attended: **3**

Previous School Fax: **702-253-0253**

Previous School Phone: **702-253-0251**

Previous School Address: **6610 Grand Montecito Prkway**

City: **Las Vegas**

State: **NV**

Zip: **89149**

I acknowledge that I've read and understand the above note.

Yes

Home Language Survey

What is the primary language used in the home regardless of the language spoken by the student?

English

What is the language most often spoken by the student?

English

What is the language that the student first acquired?

English

Medical History

Allergies (food, insects, drugs, latex, etc.) and/or Anaphylaxis

No

ADHD/ADD **No**

Bladder problems **No**

Bowel problems **No**

Cerebral palsy **No**

Dental problems **No**

Head Injury/TBI **No**

Heart problems **No**

Muscle problems **No**

Speech problems **No**

Surgery **No**

Vision problems or blindness **No**

Allergies (seasonal) **No**

Asthma or breathing problems

No

Developmental problems **No**

Bleeding problems **No**

Cancer **No**

Cystic Fibrosis **No**

Diabetes **No**

Hearing problems or deafness

No

Hemophilia **No**

Kidney or liver problems **No**

Seizures **No**

Sickle Cell Disease **No**

Spinal injury **No**

Valley Fever **No**

Other Health Information

List any other important health-related information about your child (if applicable):

Acetaminophen (Tylenol) **Yes**

Hydrocortisone Cream **Yes**

Vaseline **Yes**

I understand that it is my responsibility to make the

List all prescription, over-the-counter, and herbal medications that your child takes on a regular basis:

Bacitracin-Neomycin (Triple Antibiotic Ointment) **Yes**

Carmex **Yes**

school health office aware of any changes in this health history.

Yes

Required Forms

Although required documents are essential to complete the enrollment process, uploading these documents in this system is NOT mandatory. Documents may either be uploaded at this time or turned in to the school office directly.

If you would prefer to fax, email or deliver these documents in person please contact the school at your earliest convenience. Delay of these documents will result in a delay in your child's enrollment.

If you would like to electronically upload these documents now please click below.

I would like to upload required documents now

Proof of Residency

1. You may either scan and upload the proof of residency document (NV drivers license, utility/phone bill, rental agreement, etc.) here or bring it in to the school's front office.

ESiu DL.jpeg

Home Language Survey

You may either scan and upload the form here or bring it in to the school's front office.

Home Language Survey.pdf

Updated Immunization Record

You may either scan and upload the form here or bring it in to the school's front office.

MSiu Medical.pdf

Birth Certificate

Scan and upload Birth Certificate

MSiu BC.pdf

Transportation

I am aware that Legacy Traditional School does NOT provide transportation to or from school.

Yes

Please select the transportation method to be used on a daily basis. Any occasional changes must be communicated to the teacher AND the front office on or before the day of the change.

How will your student go home at the end of the school day?

Drive-line

Media Opt Out Guidelines for Elementary and Junior High School Students

I understand the Media Opt Out Guidelines

Yes

School Policies and Support Agreement

As a parent or guardian of a child attending Legacy Traditional School, I agree to support the school in carrying out the policies and procedures as indicated in the [Parent/Student Handbook](#).

With the knowledge that Legacy Traditional School is a charter alternative, I have voluntarily chosen to enroll my child and failure to comply with the policies and procedures of Legacy Traditional School could result in the suspension or

Per Legacy Traditional School policy, the Parent(s)/Guardian (s) listed on this enrollment form will be the only person(s) authorized to request student records, withdraw a student, and/or designate another person to do so on their behalf.

I agree to the above policy. **Yes**

I understand that upon completion of the enrollment process, Legacy Traditional School will contact my child's previous

expulsion of my child.

I agree to the above policy. **Yes**

school to request records.

I agree to the above policy. **Yes**

The completion of the enrollment process is pending receipt of this completed online form and copies of the Birth Certificate, Home Language Survey, Proof of Residency, Immunization Records, Income Verification form, Court Documents (if applicable), Discipline Records (if applicable) and Special Education Records (if applicable). I understand that failure to provide all of the required forms and documents by the enrollment deadline will result in a loss of my child's spot at the school.

I agree to the above policy. **Yes**

Automated Communication

Legacy Traditional School uses an automated communication software to quickly contact parents and staff regarding school events, daily attendance, emergencies and other school related items. Parents are able to customize preferences in the Parent Portal or opt out completely.

Should I not wish to receive any communications or would like to change my preferences, I understand that I can customize my options online via the Parent Portal.

I agree to the above policy. **Yes**

Electronic Signature

The electronic signature below and its related fields are treated by Legacy Traditional School like a handwritten signature on a paper form.

I hereby certify that I am the legal guardian for the above named student and the information that I have provided is accurate and true.

I Agree **Yes**

Electronic Signature **Evangeline Siu**

Date **01/23/2017**

Legacy Traditional School Application

Enrollment Form, Part 1

This enrollment application is for Legacy Traditional School - North Valley for attendance during the 2017-2018 school year. Completion of this form is the first step in Legacy Traditional School's enrollment process. All applications received before the scheduled enrollment lottery will be included in the lottery process.

Student Information

Legal First Name **Vaeai**

Legal Middle Name **Puletongia**

Student does not have a middle name.

Legal Last Name **Siu**

Suffix

Grade Level Applying For

2

Did your child complete both Kindergarten and 1st grade?

Yes

Main Phone Contact Number (cell phone preferred)

808-649-9788

Do any of the following apply?:

Student lives in a shelter/group home

Student is doubled up with relatives or friends due to loss of housing or economic hardship

Student is living in a motel, car or campsite

None of the above applies

Gender **Male**

Date of Birth **3/9/2010**

Address

Home Address **7660 Woven Memories St**

City **Las Vegas**

State **NV**

Zip Code **89149**

Is this address within the boundaries of Clark County?

Yes

Twins, Triplets or other Multiple Births

Does this student have any multiple births (twins, triplets, etc.) that would like to apply to the same grade and school?

No

Parent/Guardian Information

Please enter information for at least one primary contact below

Who does the student live with?

Both Parents

Mother

First Name **Evangeline**

Last Name **Siu**

Father

First Name **Lesea**

Last Name **Siu**

Is this parent employed at Legacy Traditional or a member of the board?

No

Best Contact Phone Number **808-649-9788**

Phone Type **Cell**

Email **evangelinesiu@gmail.com**

No email address available.

Is this parent employed at Legacy Traditional or a member of the board?

No

Best Contact Phone Number **808-426-0370**

Phone Type **Cell**

Email **leseasiu@yahoo.com**

No email address available.

School History

Has the student previously attended school?

Yes

The last school attended was homeschool.

Last School Attended **Imagine Mountain View School**

Does this student wish to transfer to North Valley from another Legacy Traditional School?

No

Previously/Currently Attending Grade:

2

Previous School Phone **702-253-0251**

Previous School Fax

Omitting information may lead to a change in enrollment options for prospective students.

Has your child ever been suspended or expelled?

No

Does your child have an IEP?

No

Does your child have a 504 Plan?

No

Enrolled Siblings

Does the student have a sibling who is currently enrolled at a Legacy Traditional School?

No

Applying Siblings

One interest form must be submitted for each student you are interested in enrolling. Listing student names in this section is only for informational purposes.

Are you submitting an Application Form for additional siblings?

Yes

Sibling 1

First Name **Mailetoa**

Last Name **Siu**

Grade Level Applying For **4**

Sibling 2

First Name

Last Name

Grade Level Applying For

I acknowledge and understand that an interest form must be submitted for each sibling interested in enrolling.

Yes

Electronic Signature

The electronic signature below and its related fields are treated by Legacy Traditional School like a handwritten signature on a paper form.

I hereby certify that I am the legal guardian for the above named student and the information that I have provided is accurate and true.

I Agree **Yes**

Date **1/3/2017**

Electronic Signature **Evangeline Siu**

Submission Confirmation

Email Address for Confirmation Email

evangelinesiu@gmail.com

I do not wish to receive a Submission Confirmation Email.

Legacy Traditional School

Enrollment Form

This form is intended to gather information on students that will be enrolling at Legacy Traditional School for the 2017-2018 school year.

If you intend not to enroll, you must indicate that below.

Please Select One: **EnrollYes**

How did you hear about Legacy Traditional School - North Las Vegas?

Word of Mouth

Please continue through the rest of the online form to complete the enrollment information for your student.

Student Information

Legal First Name **Vaeai**

Legal Middle Name **Puletongia**

Check here if student does not have a middle name

Legal Last Name **Siu**

Suffix

Date of Birth **03/09/2010**

Gender **Male**

Check here if the mailing address is different from the physical address listed above.

Academic

Enroll Grade for 2017-2018

2

Home Address

Student Home Address **7660 Woven Memories St**

Apt.

City **Las Vegas**

State **NV**

Zip Code **89149**

Is the address listed above correct?

Yes

Primary Contact Information

Primary Phone Number for Attendance Calls:

Country Code **1**

Local Number **808-649-9788**

Primary Email for All Student Communication

evangelinesiu@gmail.com

Family Information

This student lives with: **Both Parents**

Student lives in a shelter/group home

Student is doubled up with relatives or friends due to loss of housing or economic hardship

Student is living in a motel, car or campsite

None of the above applies

Parent Employment

Does either parent work in agriculture or dairy?

No

Does either parent have a job that is temporary or seasonal?

No

Has either parent moved within the last three years due to his/her job in agriculture or dairy?

No

Is either parent a first responder?

No

Is either parent or guardian employed on federal property but NOT on active duty?

No

Is the parent or guardian on active duty in the Uniformed Services of the United States?

No

Is either parent both an accredited foreign government official and a foreign military officer?

No

Does either parent spend more than 50 percent of his or her working time on federal property engaged in farming, grazing, lumbering or mining?

No

Parent / Legal Guardian 1

First Name **Evangeline**

Last Name **Siu**

Relationship **Mother**

Does this parent live with the student at the Student Home Address?

Yes

Cell Phone **808-649-9788**

Home Phone

Work Phone/ext.

Email Address **evangelinesiu@gmail.com**

Check here if this parent does not have an email address

Parent / Legal Guardian 2

First Name **Lesea**

Last Name **Siu**

Relationship **Father**

Does this parent live with the student at the Student Home Address?

Yes

Cell Phone **808-426-0370**

Home Phone

Work Phone/ext.

Email Address **leseasiu@yahoo.com**

Check here if this parent does not have an email address

Custody

Are there any court documents that Legacy Traditional School needs to be aware of pertaining to your child? (i.e. an order of protection, injunction against harassment, etc?)

No

Siblings Currently Enrolled at Legacy Traditional School

Do you have one or more siblings currently attending Legacy Traditional School?

No

Grandparents Volunteering

Legacy Traditional School allows parents and grandparents to volunteer in the classroom. Please list the names of all grandparents that you permit to be background checked and allowed to volunteer in your child's classroom.

Grandparent 1

Full Name

Grandparent 3

Full Name

Grandparent 2

Full Name

Grandparent 4

Full Name

The following individuals will be contacted if the school is unable to reach the parents. Additionally, the following individuals will be permitted to pick up the student from school.

Emergency Contact 1 (other than the parents/guardians previously listed)

First Name Alycia *Relationship to Student* Aunt
Last Name Tebbs *Phone* 435-592-2820
Phone Type Cell

Emergency Contact 2 (other than the parents/guardians previously listed)

First Name Jochi *Relationship to Student* Aunt
Last Name Reese *Phone* 702-349-1118
Phone Type Cell

Emergency Contact 3 (other than the parents/guardians previously listed)

First Name Julie *Relationship to Student* Aunt
Last Name Pulu *Phone* 808-597-4830
Phone Type Cell

Emergency Contact 4 (other than the parents/guardians previously listed)

First Name Toni *Phone* 443-985-6989
Last Name Reis *Phone Type* Cell
Relationship to Student Aunt

Emergency Contact 5 (other than the parents/guardians previously listed)

First Name *Phone*
Last Name *Phone Type*
Relationship to Student

Ethnicity and Race Information

Ethnicity

Is this student Hispanic/Latino?
Defined as a person of Cuban, Mexican, Puerto Rican, or other Spanish culture or origin, regardless of race
No

Race

Select Race(s)
Note: After selecting one race you will have the option to specify additional races.
Native Hawaiian or other Pacific Islander

- American Indian or Alaskan Native
- Asian
- Black or African American
- White

Place of Birth

Birth Country US
Birth State HI

School History

Last School Attended: **Imagine Mountain View School**
Grade Attended: **1**
Previous School Fax: **702-253-0254**
Previous School Phone: **702-253-0251**
Previous School Address: **6610 Montecito Parkway**

City: Las Vegas
State: NV
Zip: 89149

I acknowledge that I've read and understand the above note.

Yes

Home Language Survey

What is the primary language used in the home regardless of the language spoken by the student?

English

What is the language most often spoken by the student?

English

What is the language that the student first acquired?

English

Medical History

Allergies (food, insects, drugs, latex, etc.) and/or Anaphylaxis

No

Allergies (seasonal) No

Asthma or breathing problems

No

ADHD/ADD No

Bladder problems No

Bowel problems No

Cerebral palsy No

Dental problems No

Developmental problems No

Bleeding problems No

Cancer No

Cystic Fibrosis No

Diabetes No

Head Injury/TBI No

Heart problems No

Hearing problems or deafness

No

Hemophilia No

Muscle problems No

Kidney or liver problems No

Seizures No

Speech problems No

Surgery No

Vision problems or blindness No

Sickle Cell Disease No

Spinal injury No

Valley Fever No

Other Health Information

List any other important health-related information about your child (if applicable):

Acetaminophen (Tylenol) Yes

Hydrocortisone Cream Yes

Vaseline Yes

I understand that it is my responsibility to make the school health office aware of any changes in this health history.

Yes

List all prescription, over-the-counter, and herbal medications that your child takes on a regular basis:

Bacitracin-Neomycin (Triple Antibiotic Ointment) Yes

Carmex Yes

Required Forms

Although required documents are essential to complete the enrollment process, uploading these documents in this system is NOT mandatory. Documents may either be uploaded at this time or turned in to the school office directly.

If you would prefer to fax, email or deliver these documents in person please contact the school at your earliest convenience.

Delay of these documents will result in a delay in your child's enrollment.

If you would like to electronically upload these documents now please click below.

I would like to upload required documents now

Proof of Residency

1. You may either scan and upload the proof of residency document (NV drivers license, utility/phone bill, rental agreement, etc.) here or bring it in to the school's front office.

ESiu DL.jpeg

Home Language Survey

You may either scan and upload the form here or bring it in to the school's front office.

Home Language Survey.pdf

Updated Immunization Record

You may either scan and upload the form here or bring it in to the school's front office.

VSiu Medical.pdf

Birth Certificate

Scan and upload Birth Certificate

VSiu BC.pdf

Transportation

I am aware that Legacy Traditional School does NOT provide transportation to or from school.

Yes

Please select the transportation method to be used on a daily basis. Any occasional changes must be communicated to the teacher AND the front office on or before the day of the change.

How will your student go home at the end of the school day?

Drive-line

Media Opt Out Guidelines for Elementary and Junior High School Students

I understand the Media Opt Out Guidelines

Yes

School Policies and Support Agreement

As a parent or guardian of a child attending Legacy Traditional School, I agree to support the school in carrying out the policies and procedures as indicated in the [Parent/Student Handbook](#).

With the knowledge that Legacy Traditional School is a charter alternative, I have voluntarily chosen to enroll my child and failure to comply with the policies and procedures of Legacy Traditional School could result in the suspension or expulsion of my child.

I agree to the above policy. **Yes**

Per Legacy Traditional School policy, the Parent(s)/Guardian (s) listed on this enrollment form will be the only person(s) authorized to request student records, withdraw a student, and/or designate another person to do so on their behalf.

I agree to the above policy. **Yes**

I understand that upon completion of the enrollment process, Legacy Traditional School will contact my child's previous school to request records.

I agree to the above policy. **Yes**

The completion of the enrollment process is pending receipt of this completed online form and copies of the Birth Certificate, Home Language Survey, Proof of Residency, Immunization Records, Income Verification form, Court Documents (if applicable), Discipline Records (if applicable)

and Special Education Records (if applicable). I understand that failure to provide all of the required forms and documents by the enrollment deadline will result in a loss of my child's spot at the school.

I agree to the above policy. **Yes**

Automated Communication

Legacy Traditional School uses an automated communication software to quickly contact parents and staff regarding school events, daily attendance, emergencies and other school related items. Parents are able to customize preferences in the Parent Portal or opt out completely.

Should I not wish to receive any communications or would like to change my preferences, I understand that I can customize my options online via the Parent Portal.

I agree to the above policy. **Yes**

Electronic Signature

The electronic signature below and its related fields are treated by Legacy Traditional School like a handwritten signature on a paper form.

I hereby certify that I am the legal guardian for the above named student and the information that I have provided is accurate and true.

I Agree **Yes**

Date **01/18/2017**

Electronic Signature **Evangeline Siu**

Harassment

According to the United States, Office of Civil Rights, "Harassing Conduct" may take many forms, including verbal acts and name-calling; graphic and written statements, which may include use of cell phones or the Internet; or other conduct that may be physically threatening, harmful, or humiliating. Harassment does not have to include intent to harm, be directed at a specific target, or involve repeated incidents. Harassment creates a hostile environment when the conduct is sufficiently severe, pervasive, or persistent so as to interfere with or limit a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school. All forms of harassing conduct must be taken seriously, and school personnel, students, parents, and community members must report harassment to the school administration, no matter which type. The Harassment Policy is available for stakeholder review upon request. Any individual submitting a false report of harassment will face strict consequences for a deliberate, hurtful action against another.

Week of Respect (NRS 388.145)

Each year, LTS-Nevada will observe a "Week of Respect." The information delivered during the Week of Respect will focus on:

1. Methods to prevent, identify, and report incidents of bullying and cyber-bullying;
2. Methods to improve the school environment in a manner that will facilitate positive human relations among pupils; and
3. Methods to facilitate positive human relations among pupils by eliminating the use of bullying and cyber-bullying.

General Rules

Students will:

- Follow instructions given by staff.
- Show respect to adults and fellow students.
- Use only wholesome and courteous language.
- Only consume water on campus during school hours other than in the lunchroom.
- Respect other individuals' properties and do not take items belonging to others.
- Help preserve school property and grounds.
- Walk on the sidewalks in a quiet and orderly manner.
- Settle disagreements without fighting or threatening to fight.
- Not participate in public displays of affection.

Student Uniform Policy and Dress Code

The School Governing Board has discretionary powers with regard to the setting of school policies, including the requirement that students wear uniforms to school to support the mission. LTS has adopted policies addressing behavior expectations such as maintaining a highly structured, calm, and orderly atmosphere. One of those expectations is the mandatory uniform dress code, which LTS has deemed appropriate in order to contribute to and promote the academic environment.

To attend class, all students must be in compliance with expressed Student Uniform Dress Code policy including the requirements related to a student's hair. **It is both the parents' and the child's responsibility to ensure agreement with, and compliance to, all Student Uniform Dress Code standards prior to their volunteer enrollment.**

The Mandatory Uniform Dress Code options are as follows:

Shoes:

Shoes must be closed toe-and adhere securely at the heel and be tied properly if they were designed to do so. Flip-flops, shoes made solely of flip flop material (i.e., Crocs), "Jellies", high-heeled, wedges or any footwear deemed unsafe or inappropriate by the administration are not acceptable. "Heelies" or roller shoes can only be worn if the wheels are removed. Issues of improper dress are addressed by the faculty and staff with a note, email, or call to the parent.

Tops:

- SOLID navy blue, red, maroon or white shirts.
- All shirts must be solid in color with no pinstripes or logos of any kind with the exception of the LTS logo shirts.
- A collar and sleeves are required.
- All visible undershirts must be solid red, white, or blue.
- All shirts must be tucked in.

Outerwear:

Coats (worn inside) and sweaters/sweatshirts must be opaque and in a solid school color of red, white, or navy blue (either plain or with a Legacy logo). No caps are worn at school except for sun protection outside. Caps can only be worn in the appropriate manner.

Hair:

Hair is neatly groomed and trimmed. Hair length shall not be longer than the earlobes on the side or fall below the collar in the back. Hair fasteners may not be used to manipulate hair length that would fall below the collar if unrestrained. Hair length in the front must not exceed the eyebrows. Extreme hairstyles, cuts, or colors are not acceptable, such as Mohawks, shaved hair designs, extreme faux-hawks (higher than one inch), extreme dreadlocks (longer than one inch), extreme afros (longer than one inch), severe, or contrasting highlights (reds, greens, blues, pinks, etc.).

Jewelry:

Bracelets or any jewelry that the Principal determines to be vulgar, lewd, profane, offensive, or carries a veiled sexual, gang or violent message is prohibited. Earrings, pierced body jewelry, and visible tattoos are not permitted at school.

Cosmetics:

Face or eye make-up is not to be worn at school by male students. Fingernail polish is prohibited. Visible tattoos are not permitted.

****Items not expressed or specified in this student uniform dress code section of the student handbook can be implied and enforced by the school Principal.***

Dress Out of Uniform Days

“Dress Out Of Uniform” days will be celebrated at the end of every grading period. Staff and students may show spirit on these days by following the designated themes announced each grading period and are encouraged to make a \$1 donation to be utilized for school activities. Additional “Dress Out” days include School Picture Day and Field Day. Students may either wear their school uniform or “Dress Up” for school pictures, or wear athletic wear for Field Day. Dress out clothes and footwear need to be modest and appropriate. All forms of dress must follow school guidelines and are at the administration’s discretion.

Drop-Off and Dismissal

Specifics on drop-off and pick-up are provided by the individual schools. Generally, drop-off period is from 7:30-8:00 a.m. There is no supervision for students until 7:30 a.m. Pick-up is from 2:40-3:15 p.m. at all schools.

Procedure:

- Pick-up signs are required to pick up a child from campus, or the parents are required to provide identification in the front office.
- All signs must be clearly visible.
- Parents are expected to maintain appropriate school behavior when on school grounds.
- If parents are consistently late picking up their child, a fee is incurred.