

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
Last Name Phone
Relationship to Student Phone Type

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**

Sickle Cell Disease **No**

Spinal injury **No**

Vision problems or blindness **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**

Electronic Signature **Evangeline Siu**

Date **01/18/2017**