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	Gender Male Date of Birth 3/9/2010
[] Student does not have a middle name. Legal Last Name Siu Suffix	Address Home Address 7660 Woven Memories St City Las Vegas State NV
Grade Level Applying For 2	Zip Code 89149 Is this address is within the boundaries of Clark County?
Did your child complete both Kindergarten and 1st grade? Yes	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 [X] 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 Father

First Name Evangeline Last Name Siu

First Name Lesea Last Name Siu

Is this parent employed at Legacy Traditional or a Is this parent employed at Legacy Traditional or a member of the board? member of the board? No No Best Contact Phone 808-649-9788 Best Contact Phone Number **808-426-0370** Number Phone Type Cell Phone Type Cell Email evangelinesiu@gmail.com Email leseasiu@yahoo.com [] No email address available. [] 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?

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 Sibling 2

First Name Mailetoa Last Name Siu Grade Level Applying 4

For

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.