American Legacy Academy Student Application

Thank you for your interest in American Legacy Academy!
Please complete this form to apply for enrollment. Submitting an application does not guarantee enrollment. If the number of applications exceeds available seats, a lottery will be held. Students not selected will be placed on a waitlist in randomized order.

Student Information

Student's Full Legal Name: _____

Student's Preferred Name: _____

Student's Date of Birth: _____

Enrollment Year: _____

Grade Applying For (circle one): K 1 2 3 4 5

Last School Attended: _____

Is your student the sibling of a currently enrolled student(s): Yes No

If yes, please provide their name(s) and grade(s):_____

_____

Is your student the child of an employee and/or corporate or governing board member of American Legacy Academy? Yes No

If yes, please provide their name: _____

Parent/Guardian Information

Name of parent/guardian: _____

Phone number of parent/guardian: _____

Street address: _____

_____

Email address of parent/guardian: _____

Are you a current resident of Arizona: Yes Not Yet

How did you hear about American Legacy Academy: _____

Parent/Guardian Signature:_____ Date:_____

Name(s) and grade(s) of siblings applying: _____

_____

Privacy notice: Information collected on this application will be used solely for the purpose of student enrollment and will be protected in accordance with FERPA