



HOW DID YOU HEAR ABOUT L.E.G? _____		PROGRAM INTEREST: _____	
<u>Check List</u>			
_____ Application	_____ N/A _____ Deposit	_____ Copy of ID	
_____ N/A _____ Transcript	_____ N/A _____ Essay	_____ Copy of Insurance Card	
<b>APPLICANT INFORMATION (ALL FIELDS ARE REQUIRED TO BE COMPLETED)</b>			
Name & SPS Student ID #:			
Date of birth:		E-mail:	
		Phone:	
Current address:			
City:		State:	ZIP Code:
Race/Ethnicity:		Special Needs/IEP:?	Free/Reduced Lunch:?
<b>PARENT INFORMATION</b>			
Name:			
Phone:			
Email:			
Address:			
City:		State:	ZIP Code:
<b>EMERGENCY CONTACT</b>			
Name/relationship of a relative not residing with you:			
Phone:			
Email:			
<b>EMERGENCY CONTACT</b>			
Name/relationship of a relative not residing with you:			
Phone:			
Email:			
<b>SIGNATURES</b>			
I understand that, unless noted below; photos, video, or audio recordings made of the participant or family at any L.E.G event may be used by LEG without compensation, to promote the L.E.G program. I understand that my child's name and/or image may be revealed in descriptive text or commentary. Initial: _____			
LEG has permission to take video/pictures of my child. Circle (Yes or No)			
Signature of participant:		Date:	
Signature of parent/guardian:		Date:	
Signature of parent/guardian:		Date:	