

## ENROLLMENT APPLICATION

Please note: We prefer that families fill out the application online at [www.leadershiphigh.org](http://www.leadershiphigh.org) when possible.

<p>How did you hear about Leadership High School? (Please check all that apply)</p> <p><input type="checkbox"/> Website/ Internet</p> <p><input type="checkbox"/> School Fair</p> <p><input type="checkbox"/> Live in the neighborhood</p> <p><input type="checkbox"/> Current school</p> <p><input type="checkbox"/> After school program</p> <p><input type="checkbox"/> Recommended by _____</p>	<p>Do you have brothers or sisters who attend or graduated from LHS?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If so, please include name(s):</p> <p>_____</p> <p style="text-align: right;"><small>NAME(S) <span style="margin-left: 150px;">GRADUATION YEAR (IF APPLICABLE)</span></small></p>
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## STUDENT INFORMATION

First Name	Middle Name	Last Name	Nickname
Gender Identification <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday _____ <small>MONTH DAY YEAR</small>	Current Grade and School _____ <small>GRADE SCHOOL CITY/DISTRICT</small>	
Names of any after school or support programs the student is currently involved with:			
Who does the student live with? (Please check all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother</li> <li><input type="checkbox"/> Father</li> <li><input type="checkbox"/> Step-mother</li> <li><input type="checkbox"/> Step-father</li> <li><input type="checkbox"/> Grandparent</li> <li><input type="checkbox"/> Foster Parent</li> <li><input type="checkbox"/> Other _____</li> </ul>		If there is a legal custody agreement regarding this student, please check one: <ul style="list-style-type: none"> <li><input type="checkbox"/> Joint custody</li> <li><input type="checkbox"/> Sole Custody</li> <li><input type="checkbox"/> Guardian</li> </ul>	
What language does your student most frequently use at home? (Check ONE only.) <ul style="list-style-type: none"> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> Spanish</li> <li><input type="checkbox"/> Cantonese</li> <li><input type="checkbox"/> Tagalog</li> <li><input type="checkbox"/> Other: _____</li> </ul>		What language did your son/daughter learn when he/she first began to talk? (Check ONE only.) <ul style="list-style-type: none"> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> Spanish</li> <li><input type="checkbox"/> Cantonese</li> <li><input type="checkbox"/> Tagalog</li> <li><input type="checkbox"/> Other: _____</li> </ul>	
In what language do you most frequently speak to your son/daughter? (Check ONE only.) <ul style="list-style-type: none"> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> Spanish</li> <li><input type="checkbox"/> Cantonese</li> <li><input type="checkbox"/> Tagalog</li> <li><input type="checkbox"/> Other: _____</li> </ul>		Has your student ever taken the California English Language Development Test (CELDT)? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> I don't know</li> </ul>	
Is your student part of special education, have a diagnosed specific learning disability, or have an Individualized Educational Plan (IEP)? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> I don't know</li> </ul> <p>If you checked 'yes' above, please describe your student's learning difference:</p> <p>_____</p> <p>What is the name, title, email, and phone of your student's special education instructor?</p> <p>_____</p>		If applicable, what sort of special services does your student receive? <ul style="list-style-type: none"> <li><input type="checkbox"/> Resource (RSP)</li> <li><input type="checkbox"/> Gifted and Talented (GATE)</li> <li><input type="checkbox"/> Special Day Class (SDC)</li> <li><input type="checkbox"/> Speech/ language</li> <li><input type="checkbox"/> 504</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> I don't know</li> </ul> <p>If applicable, before enrolling, your student's IEP must be reviewed by Leadership staff to ensure that Leadership can provide the services your student is legally entitled to. Has the IEP been sent to LHS yet?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES (Date sent/ delivered _____)</li> <li><input type="checkbox"/> NO (Date will be sent/ delivered _____)</li> </ul>	
<small>NAME</small>	<small>TITLE</small>	<small>EMAIL</small>	<small>PHONE</small>

PARENT/ GUARDIAN INFORMATION							
Parent/ Guardian 1				Parent/ Guardian 2			
First Name		Last Name		First Name		Last Name	
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Occupation		Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Occupation	
Primary Phone	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	Secondary Phone	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	Primary Phone	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	Secondary Phone	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
Email				Email			
Home Address				Home Address			
STREET CITY STATE ZIP				STREET CITY STATE ZIP			
Parent Primary Language:		In what language would this parent like to receive materials from the school? <input type="checkbox"/> English <input type="checkbox"/> Spanish		Parent Primary Language:		In what language would this parent like to receive materials from the school? <input type="checkbox"/> English <input type="checkbox"/> Spanish	

DATA REQUIRED BY CA DEPARTMENT OF EDUCATION AND/OR FEDERAL GOVERNMENT		
<p>Is your student of Latino/ Hispanic ethnicity? (A person of Mexican, Central American, South American, or other Spanish culture?)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>What is your student's race? (Applicants <u>must select at least one</u> and can select up to five)</p> <input type="checkbox"/> Indigenous Peoples of North, South or Central Americas (100) <input type="checkbox"/> Black or African American (600) <input type="checkbox"/> White (Peoples of Europe, North Africa, or Middle East) (700) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino (400) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Decline to State	<p>What is the education level of the student's <u>most educated parent</u>?</p> <input type="checkbox"/> Not a High school graduate (14) <input type="checkbox"/> High School graduate (13) <input type="checkbox"/> Some college or Associate Degree (12) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Graduate Degree or higher (10)
<p>When did the student first attend school in the United States?</p> <p>MONTH DAY YEAR</p>	<p>When did the student first attend school in California?</p> <p>MONTH DAY YEAR</p>	<p>Where is your child/ family currently living?</p> <input type="checkbox"/> In a permanent residence with a single family (house, apartment, mobile home) <input type="checkbox"/> Doubled up (sharing housing with other families/ individuals due to economic need) (11) <input type="checkbox"/> In a shelter or transitional housing program (10) <input type="checkbox"/> In motel/ hotel (09) <input type="checkbox"/> Unsheltered (car/ campsite) (12) <input type="checkbox"/> Other (15) (please specify) _____

### COMMITMENTS

Student	Parent/ Guardian(s)
<p>I understand that if I enroll at Leadership, I am making a commitment to:</p> <p>(Please check these off and sign/ date below)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work hard to develop college preparatory skills.</li> <li><input type="checkbox"/> Demonstrate personal responsibility by completing assignments with care, seeking help when I need it, attending school at least 95% of the time, and arriving on time.</li> <li><input type="checkbox"/> Demonstrate social responsibility by contributing positively to the Leadership community and agreeing to follow the community rules and expectations.</li> </ul>	<p>I understand that if my student enrolls at Leadership, I will be involved in my child's education and the school community by:</p> <p>(Please check these off and sign/ date below)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attending Family Meetings two times a year with my student and his/her advisor.</li> <li><input type="checkbox"/> Regularly attending school and parent events such as Back to School Night, Parent Association Meetings, and special events.</li> <li><input type="checkbox"/> Working in collaboration with school staff to hold my student to high standards of academic achievement and to enforce school rules and expectations.</li> <li><input type="checkbox"/> Supporting my student to arrive to school every day on time and to attend school at least 95% of school days.</li> </ul>
<p style="text-align: center; border-top: 1px solid black; margin-top: 20px;">SIGNATURE <span style="float: right;">DATE</span></p>	<p style="text-align: center; border-top: 1px solid black; margin-top: 20px;">SIGNATURE <span style="float: right;">DATE</span></p>
	<p style="text-align: center; border-top: 1px solid black; margin-top: 20px;">SIGNATURE 2 (OPTIONAL) <span style="float: right;">DATE</span></p>

### PERMISSION FOR CURRENT SCHOOL TO RELEASE ACADEMIC RECORD

<p>By signing here, I give permission for my student's current school to release his/her academic record (including grades, test scores, attendance records, Cumulative file, and disciplinary records) to Leadership High School.</p> <p>SCHOOL NAME _____</p> <p>SCHOOL PHONE _____</p>	<p>STUDENT NAME _____</p> <p>PARENT/ GUARDIAN NAME _____</p> <p>PARENT/ GUARDIAN SIGNATURE _____</p> <p>DATE _____</p>
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### FOR LEADERSHIP HIGH STAFF USE ONLY

Current/ past brother/ sister	Application Complete	Application Submitted on	Application Received by
For transfer students only:			
Transcript received	Personal Statement received	Courses avail to meet 4 YR Plan	Considered for grade