

# LEADS Primary Charter School

## INTENT TO ENROLL FORM

\*\*Enrollment form must be turned into LEADS registration booth or Hillcrest office by March 24<sup>th</sup> at 4:00 p.m.\*\*

### Student Information

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Circle One: (Male/Female)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Entering Grade for fall 2017: \_\_\_\_\_

School attended during the 2016-2017 School Year \_\_\_\_\_

### Parent Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Primary/Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Primary/Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Siblings

Does the applying student have a former or currently enrolled sibling in LEADS? Circle one: (YES/NO)

If so, please list name, grade and date of birth of sibling:

1) Last Name: \_\_\_\_\_, Grade: \_\_\_\_\_

First Name: \_\_\_\_\_

Does the applicant have a sibling that is also applying for enrollment in LEADS? Circle one: (YES/NO)

1) Last Name: \_\_\_\_\_, Grade: \_\_\_\_\_

First Name: \_\_\_\_\_, Date of Birth: \_\_/\_\_/\_\_\_\_

2) Last Name: \_\_\_\_\_, Grade: \_\_\_\_\_

First Name: \_\_\_\_\_, Date of Birth: \_\_/\_\_/\_\_\_\_

Please check the following boxes to ensure you understand the commitment and enrollment process for LEADS Primary Charter School.

I understand that if more than 20 students in any grade level complete enrollment forms, a public lottery will take place to determine enrollment.

By signing this intent to enroll form, I am agreeing to fulfill the family involvement hours (9 hours for grades K-2, 5 hours for grade 4K).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (month/day/year): \_\_/\_\_/\_\_\_\_

**Any incoming 4K students or students new to the Shawano School District must also complete Shawano School District registration papers.**

**Please answer the following questions.**

**This information will not be used in determining admission or enrollment.**

1. Why are you interested in having your son/daughter attend LEADS?

2. How do you envision fulfilling your family involvement hours?

3. Are you interested in joining one of our LEAD governance committees or becoming a LEADS governance board member?

YES/NO

If yes, how should we contact you? \_\_\_\_\_