



18106 Marsh Lane Dallas, Texas 75287 972-662-0665 866-245-5323 Fax 972-307-3440
E-mail admissions@choicesleadership.org

Choices Leadership Academy Application for Admission

APPLICANT INFORMATION

Name _____
(First) (Middle) (Last) (Preferred)

Date of Birth _____ Age _____ Male _____ Female _____ SS# _____

Current Grade _____ Applying for Grade _____ For School Year _____

FAMILY INFORMATION

Dr./Mr./Mrs./Ms. _____
(Please circle) (First) (Middle) (Last)

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business/Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Email _____

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Dr./Mr./Mrs./Ms. _____
(Please circle) (First) (Middle) (Last)

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business/Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Email _____

Check if appropriate:

Parents Live Together Parents Separated* Parents Divorced* Father Deceased
 Mother Deceased Mother Remarried Father Remarried

Applicant lives with:

Mother and Father Mother Father Legal Guardian Other _____

*If parents are divorced or separated, to whom should the admission correspondence be sent?

Mother Father Both Parents Other _____

How did you learn about Choices Leadership Academy? _____

Has your child previously applied to Choices Leadership Academy? If yes, when and for what grade?

Are siblings currently attending Choices Leadership Academy? If yes, give names(s) and grades(s)

Are siblings also applying to Choices Leadership Academy? If yes, give name(s) and grades(s) applying for.

Other schools that applicant is applying to: _____

Has diagnostic testing been recommended? Yes No

By whom? _____

If yes, was diagnostic testing completed? Yes No

Date Completed _____

**A Copy Of The Test Results Must Accompany This Application*

Tutored during the last two years? Yes No

Number of times per week _____ By whom _____

EDUCATIONAL HISTORY

Applicant's Current School _____ Grades Attended _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Current Teacher or School Contact _____

Other Schools Attended:

School Name _____ City _____ Grades Attended _____

School Name _____ City _____ Grades Attended _____

Parent Questionnaire

Please help us learn more about your student by completing the questions below:

(An additional page may be attached if necessary)

1. What descriptive words or phrases come to mind in thinking of your student?
2. What are your student's greatest strengths?
Academically?

Socially?
3. List the extracurricular activities in which your student is currently engaged.
4. Has your student ever skipped or repeated a grade? If so, please indicate the grade and circumstances.
5. How can the school meet the needs of your student?
6. What types of involvement with the school would you like to have?
7. What are your views on cultural diversity? (Please make a brief statement.)

Student Questionnaire

For Entrance Into Grades Fifth Through Eighth Only

This questionnaire should be completed **in handwriting of the student**. You may wish to photocopy the form and use for the rough draft and then recopy in ink on the original. You may attach an additional sheet of paper if more space is needed.

What qualities do you value most in your friends?

What is your favorite book and why?

How would you define a good leader?

What is the best thing about you?

What is your favorite interest or hobby?

Signature of Applicant _____ Date _____



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Request for Release of Records

Parent/Guardian: Please complete this form and submit it to your child's current school

To: _____
(Name of School)

Address _____ City _____ State _____ Zip _____

From: _____
(Parent/Guardian)

Student Name _____

Birthdate _____ Grade _____

**This student has applied for admission to Choices Leadership Academy.
Please forward all school records including the following:**

- * **Current report card, attendance and comments**
- * **Prior year's report card, attendance and comments**
- * **All available standardized testing results**
- * **Health forms**
- * **Any diagnostic testing results and recommendations made by qualified professionals regarding the academic, social, and/or emotional needs of student.**

Your prompt attention to this request is greatly appreciated.

Further, I waive my right of access to any information deemed confidential in my child's file.

Parent Signature _____ Date _____

Please make a brief comment on the following:

1. Would you recommend this student for an honors course? ____Yes ____No

Has outside help been recommended? ____Yes ____No

Has outside help been given? ____Yes ____No

2. Applicant's qualities of mind (keenness, originality, imagination, creativity):

3. Applicant's social/emotional development as compared with others of the same chronological age:

4. Applicant's greatest strengths:

5. Limitations, disabilities, or special needs:

6. Parental expectations, support and attitude toward the child:

7. Parental expectations and support of the school:

8. Participation in extra-curricular activities:

Special Comments:

This student has been enrolled in this school for ____ years. I have known him/her for ____ years.
Is this student eligible to return to your school? ____ If not, please comment.

Please PRINT the following:

Name _____ **Position** _____ **Date** _____

School _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Teacher Signature:

Please make a brief comment on the following:

1. Would you recommend this student for an honors course? _____Yes _____No

Has outside help been recommended? _____Yes _____No

Has outside help been given? _____Yes _____No

2. Applicant's qualities of mind (keenness, originality, imagination, creativity):

3. Applicant's social/emotional development as compared with others of the same chronological age:

4. Applicant's greatest strengths:

5. Limitations, disabilities, or special needs:

6. Parental expectations, support and attitude toward the child:

7. Parental expectations and support of the school:

8. Participation in extra-curricular activities:

Special Comments:

This student has been enrolled in this school for _____ years. I have known him/her for _____ years.
Is this student eligible to return to your school? _____ If not, please comment.

Please PRINT the following:

Name _____ **Position** _____ **Date** _____

School _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Teacher Signature: