

# APPLICATION FOR ADMISSION

FALL 2015

Grades TK - 2

## MISSION STATEMENT

*“The mission of Keiller Leadership Academy is to create student leaders who value quality education and embrace their role as contributing members of our diverse community.”*

**\*\*INCOMING KINDERGARTENERS\*\***

**\*\*must be 5 years old by September 1\*\***

## APPLICATION PROCESS

1. Interested families complete an Intent to Enroll form.
2. Families are given an Application Packet for EACH student.
3. Families submit an Application Packet.
4. Admission Panel reviews Application Packet and determines acceptance.
5. Upon acceptance, family will receive written notification to pick up Enrollment Packet.

## APPLICATION TIMELINE

1. December 5, 2015 - Application Packets available
2. February 28, 2015 - Deadline for Early Admissions
3. March 28, 2015 - Deadline for Regular Admissions
4. March 7, 2015 - Notification for Early Admissions
5. April 14-18, 2015 - Notification for Regular Admissions

# KLA APPLICATION for ADMISSION: Fall 2015

Check grade the applicant is applying to enter Fall 2015			
<input type="checkbox"/> Transitional Kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> (First) <input type="checkbox"/> 2 <sup>nd</sup> (Second)			
<b>I. STUDENT INFORMATION</b>			
Last name: (LEGAL NAME ONLY)		First:	Middle:
			Birth date: / /
Gender:  <input type="checkbox"/> Male <input type="checkbox"/> Female	Other name(s) used previously (AKA):		Home Phone No.:  (    )    -
Household address:		City, State:	ZIP Code:
Mailing address (if different than above):		City, State:	ZIP Code:
Primary Language:	Does the applicant have an IEP / 504?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date first enrolled in CA:  / /	Date first enrolled in US:  / /
How did you hear about KLA?	If you were referred to KLA by someone please note their name here:	City and State of Birth:	Country of birth:
Previously enrolled in SDUSD?:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous school name:	Previous school district name:	
The address I have provided is my correct address. I declare under penalty of perjury under laws of the State of California that the forgoing is true and correct.			
<b>Signature of Parent /Guardian 1:</b>		<b>Date:</b>	
NAME OF PRIMARY PARENT/GUARDIAN 1		Relationship	
Home Phone    (    )    -		Work Phone    (    )    -	
Other Phone    (    )    -		E-Mail	
Employer	Education Level (Please Check one)		
	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Grad School/Post-Grad Training		
<b>Please contact me with approval/denial of this application via</b>		<input type="checkbox"/> US Mail (address)	
<input type="checkbox"/> email (provide email)		<input type="checkbox"/> text (provide #)	
<input type="checkbox"/> telephone (provide #)		<input type="checkbox"/> Other Contact: (provide Name and Phone)	



