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	s applyir	ng to enter Fa	all 2015		
Transitional Kindergarten			rten	1 st (First)	2	nd (Second)	
I. STUDENT INFORM							
Last name: (LEGAL NAME ONLY)) First:	Mic	ldle:		Birth date:		
					/	/	
Gender:	Other name(s) u	used previously (AKA):			/ Home Phone	e No.:	
🗆 Male 🛛 Female					()		
Household address:				City, State:	()	- ZIP Code:	
Household address.				City, State.		Zir Couc.	
Mailing address (if different then above).				City Statu		ZIP Code:	
Mailing address (if different than above):				City, State:		ZIP Code:	
Primary Language:		Does the applicant have an II	the applicant have an IEP / 504?		lled in CA:	Date first enrolled in US:	
		🗆 Yes 🛛 No		/ /		/ /	
How did you been shout VI A?	-	red to KLA by someone please note		City and State of Birth:		Country of birth:	
th	eir name here:						
Previously enrolled in SDUSD?: Previous school name:			Previous school district name:				
🗆 Yes 🛛 No							
The address I have provided is my co		leclare under penalty of perju	ry under la	ws of the State of			
Signature of Parent /Gua	rdian 1:				Da	ite:	
NAME OF PRIMARY PARENT/(GUARDIAN 1		Relations	ship			
Home Phone () -			Work Phone () -				
			E Mail				
Other Phone () -			E-Mail				
Employer			Education Level (Please Check one)				
			☐ High School Graduate ☐ Some College				
			College Graduate Grad School/Post-Grad Training				
Please contact me with approval/denial of this application via			US Mail (address)				
email (provide email)			text (provide #)				
telephone (provide #)			Other Contact: (provide Name and Phone)				
	inh an Stan at 1	Can Diago, CA 02114		0) 262 0266			



Keiller Leadership Academy

Section 1. Student Background:

To be completed by parent/guardian. Use only the space provided.

1. Briefly describe your child's prior school experience. For incoming Kindergarten students, please state whether or not your child attended preschool nd for how long and his/her experience.

2. How will you support your child's learning?



Keiller Leadership Academy

Section 2. Short Answer Questions:

- 1. KLA believes reading is fundamental. What books do you and your child enjoy reading together?
- 2. If your child could be any character from a book, who would they be and why?
- 3. Please have your child write his/her full name below.

Important Note:

Incoming Kindergarten students must take an assessment administered by KLA teachers to complete the application process.

Incoming 1st and 2nd grade students are subject to assessment. You will be notified to bring your child in for an assessment.