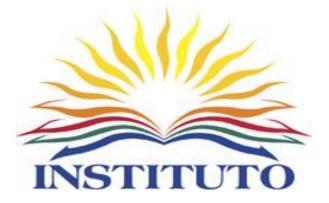


Call for questions Sixto Torres 773-372-3044

Student Enrollment Checklist

Note: All items below must be submitted prior to enrollment

Item	Status
1. Birth Certificate	
2. Social Security Card	
3. State ID/Drivers' License	
4. Immunization records	
5. Proof of address	
6. Transcripts from all previous High Schools attended	
7. Proof of Income	
8. Student Interview	
9. Drop letter	
10. Student fees \$150	



General Release Form

The undersigned and/or his parents or legal guardian agree to allow photographic images, quotes and media interviews of this student to be used in the school, in brochures, newspaper articles and any other promotional material produced or approved by: Instituto Justice and Leadership Academy, Rudy Lozano Leadership Academy, Instituto Del Progreso Latino, Alternative Schools Network, and the Chicago Board of Education.

Student signature

Date

Parent signature



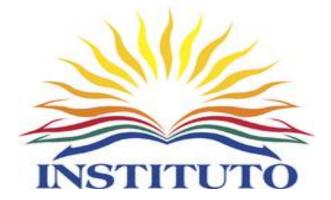
Parent Guardian Notification Agreement Form

Student's Name:

I understand that as long as I am a student of the Instituto Justice and Leadership Academy Campus: Rudy Lozano Leadership Academy my parents or legal guardians will be notified of my progress, behavior, and attendance. I further understand that Rudy Lozano Leadership Academy will waive this requirement only for emancipated adult students. At Rudy Lozano Leadership Academy an emancipated student is 18 years old, does not live with parents or guardians, work and support themselves, and is not claimed as a dependent by parent or legal guardian.

Rudy Lozano Leadership Academy will notify my case worker in place of parent or guardian if I am a ward of the state of Illinois.

Student signature



I hereby give consent for my son/daughter ________ to participate in walking trips, special excursions to places of interest, public parks, community agencies, facilities, any activities related to physical education units and any other field trips sponsored by the Instituto Justice and Leadership Academy Campus: Rudy Lozano Leadership Academy.

I understand that Instituto Justice and Leadership Academy: Rudy Lozano Leadership Academy is not responsible for any injuries suffered during school -sponsored activities.

Student Signature

Date

Parent or Legal Guardian Signature



INSTITUTO JUSTICE AND LEADERSHIP ACADEMY

Parental Consent or Restriction of Access to Students

The following are **authorized** adults that can dismiss my son/daughter from Instituto Justice Leadership Academy: Rudy Lozano Leadership Academy in the event my son/daughter has one of the following:

- 1. is sick,
- 2. has an appointment of any kind
- 3. family emergency
- 4. other, please specify

This form must be completed and submitted in order for your son/daughter to receive early dismissals. Photo Id must be available upon student pickup. No exceptions will be allowed.

Adult	Phone number	Address	Relationship

The following adults are **restricted** from dismissing my son/daughter from school. In addition, they are denied access to my son/daughter during school hours.

Adult	Phone number	Address	Relationship



INSTITUTO JUSTICE AND LEADERSHIP ACADEMY

Emergency Information Form

Student Information		
Your name	Date of birth	ID #
Address where you stay:		
Tel. number where you stay:	Cellular number	
Medical History		
Do you have any serious illnesses or disabilities?	Yes/ no	
Please explain:		
Do you take any medications for those illness/illnes		
Do you have any food allergies?		
Do you have any medicine allergies?		
Doctor/clinic Name:		
Clinic address:		
Parent/ Legal Guardian Information		
Name of parent/ legal guardian Cellular # Address Parent/ Legal Guardian work number:	Home Phone # _	

Friends and Relatives: List three friends or relatives who would be willing to give you a message.

Name	Address	Tel. Number	Cell phone number

Confidential Information

Complete this box if 1. It reflects your child's current living situation or 2. if you are a youth not living with your parent or guardian (your answer will help school staff with enrollment and may enable the student to receive additional services.)

Check box if you are staying with:

In a shelter with relatives at a train or bus static site,	on In a motel/hotel, camping
in an abandoned apartment temporarily housed in a sho	elter awaiting DCFS
<u>Confidential Information Box 2</u> Is there a current order of protection or no contact order which concerns this School principal: if "yes" is checked, follow the school board policy 704, 4,	student? Yes No
In case of medical/dental emergency, when parents or guardian cannot be permission to take whatever action is deemed necessary, including the ac- dental services to transport and treat my child. This does not include cor the case of an extreme emergency and only after every effort has been m	ctivation of emergency medical or issent for surgical operation, except in
Parent/Guardian Signature:	Date:
Student Signature:	Date:



Permission of Release

I, _____, parent of _____ Authorize Instituto Justice and Leadership Academy: Rudy Lozano Leadership Academy staff to have permission in requesting personal documentation from any educational institution. This document is evidence that I am granting Instituto Justice and Leadership Academy: Rudy Lozano Leadership Academy that authorization.

Student Signature

Date

Parent or Legal Guardian Signature



Student Application 2013-2014

Student Informat	ion:		
Name: Fi	rst Name	Middle Initial	Last Name
Address:	umber Street	Apt.#	
City:		<i>Api.#</i>	
Home Phone:		Student Work Phone:	
Student cell phone.		_ Other Cell:	
Date of Birth:	<i>Birthplace:</i>	A	ge:
Social Security # (i	f applicable):	Gender: Fema	ale Male
Race/Ethnicity: African American _	Latino p	blease specify (i	.e. Mx, P. Rican etc.)

Caucasian	Asian/Pacific Islander	Other (please specify)
		_ other (preuse speety)

Family Information:

Parent/Legal Guardian Name: (please sp	ecify mother, fath	er, guardian, etc.)	
Name:	Relationship to Student:		
Home Address:			
Number	Street	Apt.#	
<i>City: State:</i>		Zip:	
Home Phone:	Parent Work	Phone:	
Parent cell phone:	_ Parent email: _		
Please indicate what language your Paren	nt/Legal Guardian	speaks:	
Spanish: Yes No Speak: Yes No	Read: Yes	No Write: Yes No	
English: Yes No Speak: Yes No	Read: Yes	No Write: Yes No	
<u>Probation Information:</u> Are you currently on probation? YES or	NO		
Name and contact information of	your probation	n officer:	

Education:

SCHOOL	DATES ATTENDED	NAME OF SCHOOL	CITY	GRADE LEVEL COMPLETED
High School				

How long have you been out of school?

What Reason for leaving previous school?

Do you have any children? If so how many? And their age.

Why have you chosen Rudy Lozano Leadership Academy re-entry program? Write 2-3

Full paragraph explaining your reasons:



I affirm that all responses contained in this application are true and correct, to the best of my knowledge.

Student Signature