



INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Campus 1: Rudy Lozano Leadership Academy
Campus 2: RLLA- Mastery

[Call for questions Sixto Torres 773-372-3044](tel:773-372-3044)

Student Enrollment Checklist

Note: All items below must be submitted prior to enrollment

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



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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

Date



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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

Date



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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

Date



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/illnesses?

Do you have any food allergies?

Do you have any medicine allergies?

Doctor/clinic Name: _____ Telephone # _____

Clinic address:

Parent/ Legal Guardian Information

Name of parent/ legal guardian _____ Home Phone # _____

Cellular # _____

Address _____

Parent/ Legal Guardian work number: _____

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 station
 In a motel/hotel, camping site,
 in an abandoned apartment
 temporarily housed in a shelter awaiting DCFS

Confidential Information Box 2

Is there a current order of protection or no contact order which concerns this student? Yes No
 School principal: if “yes” is checked, follow the school board policy 704, 4,

In case of medical/dental emergency, when parents or guardian cannot be reached, I give school personnel permission to take whatever action is deemed necessary, including the activation of emergency medical or dental services to transport and treat my child. This does not include consent for surgical operation, except in the case of an extreme emergency and only after every effort has been made to contact parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



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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

Date



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Student Application
 2013-2014

Student Information:

Name: _____
 First Name Middle Initial Last Name

Address: _____
 Number Street Apt.#

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Work Phone: _____

Student cell phone: _____ Other Cell: _____

Date of Birth: _____ Birthplace: _____ Age: _____

Social Security # (if applicable): _____ Gender: Female Male

Race/Ethnicity:

African American Latino please specify _____ (i.e. Mx, P. Rican etc.)

Caucasian Asian/Pacific Islander Other (please specify) _____

Family Information:

Parent/Legal Guardian Name: (please specify mother, father, guardian, etc.)

Name: _____ Relationship to Student: _____

Home Address: _____
Number Street Apt.#

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Work Phone: _____

Parent cell phone: _____ Parent email: _____

Please indicate what language your Parent/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

Probation Information:

Are you currently on probation? YES or NO

Name and contact information of your probation 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

Date

