SHEBOYGAN LEADERSHIP ACADEMY **Application for Admission**

2019-2020 School Year

Please Print

Grade Entering		Today's Date			
Student Name		Home Phone:			
Address		City	Zip		
Birthplace		Da	ate of Birth		
School Last Attended	School Addre	ss			
Has student ever receive	ed special education services:	☐ Yes ☐ No If yes,	please explain		
Are you interested in bus bussing limit.	ssing? Yes No PLEASE N	I <u>OTE</u> : You must re	eside outside the <u>r</u>	equired two mile	
Father's Name:			Cell Phone:		
Employer:			Work Phone:		
Parent email address(es)) :				
Employer:			Work Phone:		
):				
Student Lives With: (Circ	cle One) Both Parents - Mother Only (If students liv	· - Father Only - Moth	ner & Stepfather - Fath	ner & Stepmother	
Stepparent:			Cell Phone:		
Employer:		v	Vork Phone:		
Emergency Contact:	Name	Phone		Relationship	
Emergency Contact:	Name	Phone		Polotionohin	
F	Name	Filone		Relationship	
Emergency Contact:	Name	Phone		Relationship	
involvement/service. Volur registration fee for stude child registration fee for	cademy appreciates that families anteer time may take place during, ents in grades 1-8, a \$55 per child 4K students will be assessed in	before, or after sch Id registration fee	nool hours. A non-re e for Kindergarten	fundable \$75 per child	
PARENT/GIIARDIAN	SIGNATURE		Date:		

Mail completed form to: Sheboygan Leadership Academy, 1305 St. Clair Avenue, Sheboygan, WI 53081