

**SHEBOYGAN LEADERSHIP ACADEMY**

**Application for Admission  
2020-2021 School Year**

Please Print

Grade Entering \_\_\_\_\_ Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Last Attended \_\_\_\_\_ School Address \_\_\_\_\_

Has student ever received special education services:  Yes  No If yes, please explain \_\_\_\_\_

Are you interested in bussing?  Yes  No **PLEASE NOTE:** You must reside outside the required two mile bussing limit.

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent email address(es): \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent email address(es): \_\_\_\_\_

**Student Lives With: (Circle One)** Both Parents - Mother Only - Father Only - Mother & Stepfather - Father & Stepmother  
Other \_\_\_\_\_ (If students lives with stepparent, please list their information below)

Stepparent: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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A non-refundable **\$75 per child registration fee for students in grades 1-8, a \$55 per child registration fee for Kindergarten students and \$15 per child registration fee for 4K students** will be assessed in August.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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