



For Office Use Only

Complete Packet Received: _____

Date/Time Intent Received: _____

2018/2019 INTENT TO ENROLL FORM

For Which Program(s) Are You Submitting This Intent? On Site: _____ Home Study: _____ Both: _____

Contact Names (Parent#1/Guardian) _____ (Parent#2/Guardian) _____

Daytime Phone () _____ Evening Phone () _____

Mobile Phone (Parent #1/Guardian) () _____ - _____ Mobile Phone (Parent#2/Guardian) () _____ - _____

E-mails (Parent#1/Guardian) _____ (Parent#2/Guardian) _____

Physical Address: (street address) _____

City _____ Zip Code _____

Mailing Address if (Different than above) _____

City _____ Zip Code _____

How did you hear about iLEAD? Radio Newspaper Event Booth Billboard Friend/Family (Name) _____

Other _____

I understand that **iLEAD Lancaster Charter School** is a School of Choice and believe that the school's vision and educational program will be a good match for my student and our family. I will support and adhere to the school's policies and procedures; and understand that failure to do so may result in forfeiture of my child's enrollment. I will actively participate in my child's education at home and at school. I understand that enrollment is contingent on the Family Lottery and subsequent submission of a completed enrollment packet. I understand that incomplete or false statements may disqualify me from enrollment at **iLEAD Lancaster Charter School**. Additionally, I have read and understand the information sheet detailing **iLEAD's** policies: (Please initial all, showing that you have read and understand.) all of the policies can be found on our website at www.iLEADlancaster.org.

_____ Education Philosophy (found on website: www.iLEADschools.org)

_____ I understand that if my child is enrolled at iLEAD, I will need to attend a mandatory school tour (Both parents or guardians are encouraged to attend). **~OR~** _____ I have attended a school tour on _____.

X _____

Signature

Date

I would like to enroll the following student: **(Please submit one form per child you are intending to enroll.)**

Students Full Name: _____ Birth Date: _____

Male _____ Female _____ **Grade in Fall 2018:** _____

School Currently Attending: _____ Public _____ Private _____

District of Residence: _____ Neighborhood School: _____

Siblings attending iLEAD (1) _____ grade _____, (2) _____ grade _____

Siblings not attending iLEAD(1) _____ grade _____, (2) _____ grade _____

Are you submitting separate forms at this time for any other siblings? Yes _____ No _____

Names and grades of additional siblings: (1) _____, (2) _____, (3) _____

Has your child ever been expelled from any school: Yes _____, No _____. If yes from what school: _____

Please return this form completed. **An incomplete form will not be processed**

Applications can be faxed to: (866) 323-8394

Or mailed to: iLEAD Lancaster Charter School, 254 E. Avenue K4, Lancaster, CA 93535

For assistance, please call: 661-722-4287