For Office Use Only

Complete Packet Received: _____

Date/Time Intent Received: _____

2017/2018 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 application per child you are intending to enroll.)**

Students Full Name: _____ Birth Date: _____

Male_____ Female_____ Grade in Fall 2017: _____

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 applications 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**
Forms 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