



For Office Use Only

Complete Packet Received: \_\_\_\_\_

Date/Time Intent Received: \_\_\_\_\_

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

### 2019/2020 INTENT TO ENROLL FORM

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](http://www.iLEADlancaster.org).

Education Philosophy (found on website: [www.iLEADschools.org](http://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 2019:** \_\_\_\_\_

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