Today's Date: _____

Leaders in Learning High School Enrollment Application

Leaders in Learning High School is a Choice ALE (alternative learning experience) high school that is open to students grades 9-12. We offer a small, caring environment that focuses on meeting students where they are to empower them to become critical thinkers so that they may positively impact their own lives and their community.

Please read and check the boxes to acknowledge the following statements:

- ☐ I acknowledge that as a choice program, many aspects of the school experience at Leaders High School will be non-traditional. Student schedules, modes of coursework, and the overall experience may be quite different than the traditional high school setting. In addition, ALE rules require that students make monthly progress, as tracked by Leaders' teachers.

- ☐ I acknowledge that Leaders High School shares a campus with Monroe High School and is required to follow the same school and district policies including, but not limited to: cell phone use, technology use, attendance/truancy rules, and general behavior expectations.

- ☐ I acknowledge that once the enrollment application has been submitted and reviewed, Leaders High School will reach out to schedule an Onboarding Meeting with student and parent/guardian to discuss individual student learning plan (SLP), student schedule, and complete necessary registration and enrollment paperwork.

Completed applications can be submitted via email at hamptonl@monroe.wednet.edu or in person at the Leaders High School main office. For questions call 360.804.4802 or email the above email address.

Student/Family Information

Application filled out by:

- ☐ Student with Parent/Guardian
- ☐ Student with School Counselor (with parent/guardian permission
- ☐ Other: _____

Student Name: _____

Last First M.I.

Student Birth Date: _____/_____/_____ Student Cell Phone:_____

Current Grade:

- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

Current School (or Last School Attended): _____

School Counselor Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Is an interpreter needed?

- ☐ No
- ☐ Yes - language:_____

Educational Information/Student Statement

Does the applicant reside within the Monroe School District boundaries?

(Out of district applicants will be subject to the acceptance of a Choice Transfer request in addition to acceptance to the Leaders program):

- ☐ Yes
- ☐ No

Please indicate any services the student receives (check all that apply):

- ☐ IEP
- ☐ 504
- ☐ MLL (Multi-Language Learner)
- ☐ McKinney-Vento
- ☐ Health Care Plan/Medications Needed at School
- ☐ Other: _____
- ☐ None

Why are you interested in coming to Leaders HS? (check all that apply):

- ☐ Anxiety/depression/other mental health
- ☐ Behind in credits
- ☐ Class sizes
- ☐ Learning style
- ☐ Outside of school concerns (home, family, friends, etc.)
- ☐ Physical health concerns
- ☐ Safety concerns
- ☐ Social concerns
- ☐ Other: _____

What is not working for you at your current/last school?

_____

_____

What supports do you need at school to be successful?

_____

_____

Who is (at least) one adult at school who you feel you were able to connect with and why?

_____

_____

Student Statement: Why do you want to attend Leaders in Learning High School?

_____

_____

_____

_____

_____

_____

_____

_____

In order to complete the specific credits necessary to fulfill state requirements for a high school diploma, many Leaders students take one or more classes at Monroe High School. Would you be willing to take one or more classes at MHS?

- ☐ Yes
- ☐ No
- ☐ Maybe

If accepted, when would you like to start at Leaders?

- ☐ As soon as possible
- ☐ At semester

I acknowledge that the information I have provided on this application is accurate to the best of my knowledge. I understand that I play a key role in my educational success and it is my responsibility to work with my educational support team to achieve my goals for school and life.

Student Signature: _____

Parent/Guardian (or School Counselor) Statement

Please add any additional information to this application you think might help us understand more about your student and their needs:

_____

_____

_____

_____

_____

_____

_____

_____

I acknowledge that the information I have provided on this application is accurate to the best of my knowledge and I give my permission for my child to seek enrollment in Leaders in Learning High School. (If filled out by school counselor, I acknowledge that I have received input and permission from the student's parent/guardian in order to assist the student in seeking enrollment at Leaders High School)

Parent/Guardian Signature: _____

(Or School Counselor)