



18106 Marsh Lane Dallas, Texas 75287 972-662-0665 866-245-5323 Fax 972-307-3440
E-mail choices@choicesleadership.org

Choices Leadership Academy Application for Admission

APPLICANT INFORMATION

Name _____ SS# _____
(First) (Middle) (Last)
Date of Birth _____ Age _____ Male _____ Female _____ Ethnicity _____
Current Grade _____ Applying for Grade _____ For School Year _____

FAMILY INFORMATION

Dr./Mr./Mrs./Ms. _____
(Please circle) (First) (Middle) (Last)

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business/Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Email _____

.....
Dr./Mr./Mrs./Ms. _____
(Please circle) (First) (Middle) (Last)

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business/Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Email _____

Check if appropriate:

Parents Live Together Parents Separated* Parents Divorced* Father Deceased
 Mother Deceased Mother Remarried Father Remarried

Applicant lives with:

Mother and Father Mother Father Legal Guardian Other _____

*If parents are divorced or separated, to whom should the admission correspondence be sent?

Mother Father Both Parents Other _____

How did you learn about Choices Leadership Academy? _____

Has your child previously applied to Choices Leadership Academy? If yes, when and for what grade?

Are siblings currently attending Choices Leadership Academy? If yes, give names(s) and Grades(s)

Are siblings also applying to Choices Leadership academy? If yes, give name(s) and Grades(s) applying for.

Other schools that applicant is applying to: _____

Has diagnostic testing been recommended? Yes No

By whom? _____

If yes, was diagnostic testing completed? Yes No

Date Completed _____

**A Copy Of The Test Results Must Accompany This Application*

Tutored during the last two years? Yes No

Number of times per week _____ By whom _____

EDUCATIONAL HISTORY

Applicant's Current School _____ Grades Attended _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Current Teacher or School Contact _____

Other Schools Attended:

School Name _____ City _____ Grades Attended _____

School Name _____ City _____ Grades Attended _____

Student Questionnaire
For Entrance Into Grades Fifth Through Eighth Only

This questionnaire should be completed **in handwriting of the student**. You may wish to photocopy the form and use for the rough draft and then recopy in ink on the original. You may attach an additional sheet of paper if more space is needed.

What qualities do you value most in your friends?

What is your favorite book and why?

How would you define a good leader?

What is the best thing about you?

What is your favorite interest or hobby?

Signature of Applicant _____ Date _____



18106 Marsh Lane Dallas, Texas 75287 972-662-0665 866-245-5323 Fax 972-307-3440
E-mail choices@choicesleadership.org

Request for Release of Records

Parent/Guardian: Please complete this form and submit it to your child's current school

To: _____
(Name of School)

Address _____ City _____ State _____ Zip _____

From: _____
(Parent/Guardian)

Student Name _____

Birthdate _____ Grade _____

**This student has applied for admission to Choices Leadership Academy.
Please forward all school records including the following:**

- * **Current report card, attendance and comments**
- * **Prior year's report card, attendance and comments**
- * **All available standardized testing results**
- * **Health forms**
- * **Any diagnostic testing results and recommendations made by qualified professionals regarding the academic, social, and/or emotional needs of student.**

Your prompt attention to this request is greatly appreciated.

Further, I waive my right of access to any information deemed confidential in my child's file.

Parent Signature _____ Date _____

Teacher Evaluation Form

English Teacher Grades 5, 6, 7, 8

Parent/Guardian: Please ask teacher to return this form directly to Admissions Office of Choices Leadership Academy.

To The Parent/Guardian: Please read the following statement and sign the release.

I understand and agree that the information contained on this Teacher Evaluation Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents or anyone outside of the Admission Committee, and I waive any right that I may have to see it.

Parent/Guardian Signature _____ Date _____

Applicant's Name _____
 First Middle Last

Candidate for Grade _____ School Year _____ Present Grade _____

Brief Course Description _____

Text Used _____

To The Teacher: Please assess the above named student as compared with his/her peers at your school. We appreciate the time and effort taken to complete this evaluation. Please know that all of the information you provide will be held in strict confidence. Please mail form directly to Admissions Office of Choices Leadership Academy.

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	POOR
ACADEMIC PERFORMANCE					
Reading Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Oral Communication Skills	_____	_____	_____	_____	_____
STUDY HABITS					
Work Ethic	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Pattern of completing work on time	_____	_____	_____	_____	_____
Attention Span	_____	_____	_____	_____	_____
Organization/care of materials	_____	_____	_____	_____	_____
PERSONAL CHARACTERISTICS					
Peer Relationships	_____	_____	_____	_____	_____
Attitude toward faculty and staff	_____	_____	_____	_____	_____
Assumption of responsibility	_____	_____	_____	_____	_____
Citizenship/Conduct	_____	_____	_____	_____	_____
Leadership Potential	_____	_____	_____	_____	_____
Sense of service	_____	_____	_____	_____	_____
HEALTH	_____	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____	_____

Choices Leadership Academy
Admissions Office
18106 Marsh Lane
Dallas, Texas 75287

Please make a brief comment on the following:

1. Would you recommend this student for an honors course? _____Yes _____No

Has outside help been recommended? _____Yes _____No

Has outside help been given? _____Yes _____No

2. Applicant's qualities of mind (keenness, originality, imagination, creativity):

3. Applicant's social/emotional development as compared with others of the same chronological age:

4. Applicant's greatest strengths:

5. Limitations, disabilities, or special needs:

6. Parental expectations, support and attitude toward the child:

7. Parental expectations and support of the school:

8. Participation in extra-curricular activities:

Special Comments:

This student has been enrolled in this school for _____years. I have known him/her for _____years.
Is this student eligible to return to your school? _____ If not, please comment.

Please PRINT the following:			
Name _____	Positon _____	Date _____	
School _____	Phone _____		
Address _____	City _____	State _____	Zip _____
Teacher Signature:			

Teacher Evaluation Form

Math Teacher Grades 5, 6, 7, 8

Parent/Guardian: Please ask teacher to return this form directly to Admissions Office of Choices Leadership Academy.

To The Parent/Guardian: Please read the following statement and sign the release.

I understand and agree that the information contained on this Teacher Evaluation Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents or anyone outside of the Admission Committee, and I waive any right that I may have to see it.

Parent/Guardian Signature_____Date_____

Applicant's Name _____
 First Middle Last

Candidate for Grade_____School Year_____Present Grade_____

Brief Course Description_____

Text Used_____

To The Teacher: Please assess the above named student as compared with his/her peers at your school. We appreciate the time and effort taken to complete this evaluation. Please know that all of the information you provide will be held in strict confidence. Please mail form directly to Admissions Office of Choices Leadership Academy.

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	POOR
ACADEMIC PERFORMANCE					
Facts/Computation Skills	_____	_____	_____	_____	_____
Concepts/Problem Solving Skills	_____	_____	_____	_____	_____
STUDY HABITS					
Work Ethic	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Pattern of completing work on time	_____	_____	_____	_____	_____
Attention Span	_____	_____	_____	_____	_____
Organization/care of materials	_____	_____	_____	_____	_____
PERSONAL CHARACTERISTICS					
Peer Relationships	_____	_____	_____	_____	_____
Attitude toward faculty and staff	_____	_____	_____	_____	_____
Assumption of responsibility	_____	_____	_____	_____	_____
Citizenship/Conduct	_____	_____	_____	_____	_____
Leadership Potential	_____	_____	_____	_____	_____
Sense of service	_____	_____	_____	_____	_____
HEALTH	_____	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____	_____

Choices Leadership Academy
Admissions Office
18106 Marsh Lane
Dallas, Texas 75287

Please make a brief comment on the following:

1. Would you recommend this student for an honors course? _____ Yes _____ No

Has outside help been recommended? _____ Yes _____ No

Has outside help been given? _____ Yes _____ No

2. Applicant's qualities of mind (keenness, originality, imagination, creativity):

3. Applicant's social/emotional development as compared with others of the same chronological age:

4. Applicant's greatest strengths:

5. Limitations, disabilities, or special needs:

6. Parental expectations, support and attitude toward the child:

7. Parental expectations and support of the school:

8. Participation in extra-curricular activities:

Special Comments:

This student has been enrolled in this school for _____ years. I have known him/her for _____ years.
Is this student eligible to return to your school? _____ If not, please comment.

Please PRINT the following:

Name _____ **Position** _____ **Date** _____

School _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Teacher Signature: