



EASTCONN's LEAP Student Application

This page to be completed collaboratively between a recommending School Official (i.e. school counselor, administrator) and the student

Credits earned: 0-5.9: _____ 6-11.9: _____ 12-17.9: _____ 18+: _____

Applicant's Full Formal Name: (First) _____ (Last) _____

Mailing Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Age: _____ Date of Birth: _____ Gender: Male Female Unspecified

Race/Ethnic Group: (for data collection purposes only) Hispanic? Yes No

If yes, choose at least one other selection.

American Indian Black Hispanic Asian White Other

(specify) _____

Full Name of Parent/Guardian with whom the applicant resides:

(First) _____ (Last) _____

Phone: (Home) _____ (Cell) _____ (Work) _____

(First) _____ (Last) _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Language(s) Spoken at Home: (Primary) _____

(Secondary) _____

Parent/Guardian:

I authorize the release of my child's educational, medical and special education records.

I authorize the use of photographs and video taken during EASTCONN LEAP-related activities for EASTCONN publications and EASTCONN Web pages.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Parent E-mail: _____





Why do you want to attend EASTCONN's LEAP Alternative High School?

What do you consider to be your greatest strength?

What do you consider to be your greatest challenge(s) in school?"

What personal change(s) are you going to make to enhance your learning and success at this school?

What do you expect to learn while attending LEAP?

How do you rate your ability to learn?

What are your goals after earning your diploma?

What are your career plans?

Is there any other information about you, you would like to tell us?