



## Student Application for 2018-2019

Please fill out this application in its entirety, so that we may determine your student's eligibility. Applications with missing information may be excluded from further consideration.

CGLA will follow all federal and state laws and constitutional provisions prohibiting discrimination on the basis of disability, race, creed, color, national-origin, religion, ancestry, or need for special education services.

### STUDENT INFORMATION

<b>STUDENT NAME</b>			<b>STUDENT DATE OF BIRTH</b>		
Last	First	Middle	Month	Day	Year
<b>STUDENT'S CURRENT SCHOOL</b>			<b>STUDENT'S CURRENT GRADE</b>		
<b>STUDENT'S ADDRESS</b>					
Street	Apt. Number	City and State		Zip Code	
<b>STUDENT LIVES WITH:</b>					

### PARENT OR GUARDIAN INFORMATION

<b>PARENT OR LEGAL GUARDIAN NAME</b>			
Last	Middle	First	
<b>CELL PHONE</b> ( )	<b>HOME PHONE</b> ( )	<b>WORK PHONE</b> ( )	<b>EMAIL ADDRESS</b>
<b>ALTERNATE CONTACT NAME</b>			
Last	Middle	First	
<b>RELATIONSHIP TO STUDENT</b>	<b>CELL PHONE</b> ( )	<b>HOME PHONE</b> ( )	<b>WORK PHONE</b> ( )

### ELIGIBILITY DETERMINATION INFORMATION

(At the discretion of CGLA, you may be asked to provide additional documentation to confirm eligibility)

Name of school for which student is zoned for 2018-2019 \_\_\_\_\_

**Is the student eligible to receive Free or Reduced Lunch?**  
 Yes     No     Not Sure

**Does the student have any siblings currently enrolled at CGLA?**  
 Yes     No

Sibling's Name \_\_\_\_\_ Sibling's current grade \_\_\_\_\_  
 Sibling's Name \_\_\_\_\_ Sibling's current grade \_\_\_\_\_

**Does the student have any siblings also applying for CGLA?** (A separate application must be completed for each sibling applying to CGLA)  
 Yes     No

Sibling's Name \_\_\_\_\_ Sibling's current grade \_\_\_\_\_  
 Sibling's Name \_\_\_\_\_ Sibling's current grade \_\_\_\_\_

**ADDITIONAL INFORMATION**  
 (This information will not be used to determine eligibility)

**Does student require Exceptional Education Services (Special Education)?**  
 Yes     No

*Exceptional Education Services required for your daughter will not exclude her from eligibility.*

**How did you hear about Chattanooga Girls Leadership Academy? Please check the appropriate response.**

School     Postcard     Community Event     Church     Radio     TV     CGLA Website

Faculty/Staff of CGLA     Social Media     Other: please identify source \_\_\_\_\_

**To the best of my knowledge, the information given in this application is accurate. I understand that any false information could result in denial of the application.**

**Name of Parent or Legal Guardian** \_\_\_\_\_

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Please include the following items along with the application:**

- **Academic Record (Report Card/Transcript)**
- **Discipline Report (Can be obtained from student's current school)**
- **Attendance Record**
- **IEP/504 Plan (if student currently receives Exceptional Ed services)**

**If you have any questions, please contact our Main Office: 423.702.7230**

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