



Innovations Leadership Academy
STUDENT ENROLLMENT PACKET

WELCOME LETTER TO PARENTS

Dear Parent or Guardian,

Welcome to **Innovations Leadership Academy**, where innovation meets leadership and every child is nurtured to grow academically, socially, and emotionally.

Our school is committed to providing a safe, engaging, and academically rigorous environment that supports the whole child. This enrollment packet contains the information and forms needed to begin the enrollment process for your student.

Please complete all sections carefully. If you have any questions, our admissions team is happy to assist you.

We look forward to partnering with your family.

Warm regards,

Admissions Office

Innovations Leadership Academy

 info@innovationschools.org

 www.innovationschools.com



**Innovations Leadership Academy
STUDENT ENROLLMENT PACKET**

SECTION 1: STUDENT INFORMATION

Student Full Name: _____

Date of Birth: _____

Gender: Male Female Prefer not to say

Grade Applying For: K 1 2 3 4 5 6
 7 8 9 10 11 12

Current School (if applicable): _____

Student Home Address:

Street: _____

City: _____ State: _____ Zip: _____

SECTION 2: PARENT / GUARDIAN INFORMATION

Primary Parent/Guardian Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Secondary Parent/Guardian (if applicable):

Name: _____

Phone: _____

Email: _____



**Innovations Leadership Academy
STUDENT ENROLLMENT PACKET**

SECTION 3: EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized for Pick-Up? Yes No

SECTION 4: MEDICAL & SUPPORT INFORMATION

Does your child have any of the following? (Check all that apply)

- Allergies
- Asthma
- Medication Required
- Food Restrictions
- IEP
- 504 Plan
- None

If yes, please explain:

SECTION 5: ACADEMIC & SUPPORT SERVICES

Has your child ever received:

- Special Education Services
- Speech Therapy
- Counseling Services
- Reading or Math Intervention
- Gifted Services

Please describe any academic or behavioral supports your child may need:



**Innovations Leadership Academy
STUDENT ENROLLMENT PACKET**

SECTION 6: TRANSPORTATION

How will your child arrive at school?

- Parent Drop-Off / Pick-Up
 - Authorized Adult
 - Other: _____
-

SECTION 7: SCHOOL EXPECTATIONS & POLICIES

By enrolling at Innovations Leadership Academy, parents agree to support:

- Attendance and punctuality expectations
- School behavior and conduct standards
- Respectful communication between families and staff
- Academic accountability and partnership

A full **Parent & Student Handbook** will be provided upon acceptance.

SECTION 8: MEDIA & TECHNOLOGY CONSENT

- I give permission for my child to be photographed or recorded for educational or promotional purposes (website, social media, marketing materials).
 - I do NOT give permission.
-

SECTION 9: ENROLLMENT STATUS

- New Enrollment
- Transfer Student

Preferred Start Date: _____



**Innovations Leadership Academy
STUDENT ENROLLMENT PACKET**

SECTION 10: PARENT / GUARDIAN AGREEMENT

I certify that the information provided in this enrollment packet is accurate and complete. I understand that submission of this packet does not guarantee acceptance and that additional documentation may be required.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

OPTIONAL DOCUMENTS CHECKLIST

(Attach if applicable)

- Birth Certificate
 - Immunization Records
 - Proof of Address
 - Previous School Records
 - IEP / 504 Documentation
-

NEXT STEPS

- 1** Submit completed enrollment packet
 - 2** Admissions review
 - 3** Family interview (if required)
 - 4** Enrollment decision notification
-

 **CONFIDENTIALITY NOTICE**

All information submitted is kept confidential and used solely for enrollment and educational planning purposes.