

The East Wake Leadership Academy
948 Morphus Bridge Road
Wendell, NC 27591

STUDENT APPLICATION

*Students in Grades Kindergarten through 8th
School Year 2018-2019
3:30 p.m. to 6 p.m.*

STUDENT INFORMATION

Name

School Current Grade

Student Address.....

City Zip Code

Home #..... Work #..... Cell #

Student Email Address

T-shirt Size

(YL, YXL, S, M, L, XL)

Parent/Guardian Name

Parent/Guardian Email Address

Emergency Contact Person

Home #..... Work #..... Cell #

PLEASE COMPLETE BOTH SIDES!

Mail to:

*The East Wake Leadership Academy
PO Box 1854,
Wendell, NC 27591*

Drop off at:

*The East Wake Leadership Academy
948 Morphus Bridge Road
Wendell, NC 27591*

Email to:

eastwakeleadershipacademy@gmail.com

For more information

Call 919-365-7292 or 919-539-4664

Parent/Guardian Consent Form

Our goal at The East Wake Leadership Academy is to provide students with a school year of guided academic, moral, cultural, and recreational activities in a safe and stimulating environment.

Our intent is to provide opportunity for parents to be involved in this rich experience. Parents are encouraged to volunteer at the Academy as needed, based on availability.

Our expectation is that all students follow the Wake County Public Schools Code of Conduct as set out in the WCPS Parent and Student Manual.

Our commitment is to make this East Wake Leadership Academy experience available to any family who wishes to participate. **Our services are free.**

Students will be picked up from their schools and taken to the East Wake Leadership Academy (948 Morphus Bridge Road, Wendell, NC 27591) at 3:30 and picked up no later than 6:00 p.m. **by the parents. Please contact us, if you will need transportation.**

___ **TRANSPORTATION CONSENT:** I give permission for my child to be transported by *The East Wake Leadership Academy* -arranged transportation to various sites during the school year.

___ **PHOTO/VIDEO/WEB RELEASE:** I give permission for my student to be photographed, interviewed, identified and/or videotaped for articles recognizing student and school system achievement and accomplishments in print or broadcast media.

___ **HEALTH/MEDICAL:** If emergency medical treatment is needed, I authorize the East Wake Leadership Academy to take appropriate action, including 911. I understand I will assume financial responsibility for medical care and transportation fees which may be incurred.

___ Any allergies and/or special health or behavior condition _____ :

Please initial the above. Signature below indicates agreement to all the above.

YOUTH _____ DATE _____

PARENT/GUARDIAN _____ DATE _____