

RESILIENCE LEADERSHIP ACADEMY

Student Application for Admission

Nurturing Academic, Emotional & Spiritual Growth • Serving Grades 6-12
Montgomery, Liberty, Polk, San Jacinto, and Walker Counties

Our Mission

The Resilience Leadership Academy is committed to nurturing the academic, emotional, and spiritual growth of students who have faced challenges, including those expelled for drug-related offenses. We provide a safe, faith-centered environment enriched by high-quality curriculum and education, empowering students to rebuild their lives, regain their confidence, and develop the skills necessary for a successful future.

STUDENT INFORMATION

Full Legal Name *

Date of Birth (MM/DD/YYYY) *

Gender

☐ Male ☐ Female ☐ Other

Grade Applying For *

☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th

☐ 11th ☐ 12th

Current/Previous School

Home Address *

Street Address

City *

State

Texas

Zip Code *

Service Area

RLA primarily serves students from zip codes: 77301, 77302, 77303, 77306, 77327, 77331, 77320, 77351, 77357, 77372, 77575 (Montgomery, Liberty, Polk, San Jacinto, and Walker counties).

Student Phone Number

Student Email Address

PARENT/GUARDIAN INFORMATION**Primary Parent/Guardian****Full Name ***

Relationship to Student *

Phone Number *

Email Address *

Secondary Parent/Guardian (if applicable)**Full Name**

Relationship to Student

Phone Number

Email Address

EMERGENCY CONTACT (other than parent/guardian)**Full Name ***

Relationship to Student *

Phone Number *

EDUCATIONAL HISTORY

Has the student ever been enrolled in a special education program?

☐ Yes ☐ No

If yes, please specify the primary areas of support:

Has the student ever been retained or skipped a grade?

☐ Yes ☐ No

If yes, please provide details:

Has the student previously attended a therapeutic, alternative, or DAEP school?

☐ Yes ☐ No

If yes, please provide name and dates attended:

Has the student been expelled or suspended from school?

☐ Yes ☐ No

If yes, please provide brief details (this information helps us better support your student):

HEALTH AND WELLNESS

Does the student have any medical conditions, allergies, or dietary restrictions we should be aware of?

☐ Yes ☐ No

If yes, please describe:

Is the student currently taking any medication?

☐ Yes ☐ No

If yes, please list medications and dosages:

Has the student ever received mental health services or counseling?

☐ Yes ☐ No

If yes, please provide brief details (optional but helpful for support planning):

RECOVERY AND SUPPORT NEEDS

Our Recovery-Focused Approach

RLA specializes in supporting students who have faced substance use challenges. Our faith-based, trauma-informed approach combines rigorous academics with therapeutic support to help students achieve lasting recovery and academic success.

Has the student struggled with substance use?

☐ Yes ☐ No

If yes, please share what type of support would be most helpful (this helps us tailor our approach):

Is the student currently involved with the juvenile justice system?

☐ Yes ☐ No

If yes, please provide brief details:

Is the student currently receiving counseling or therapy services?

☐ Yes ☐ No

If yes, please provide provider name and type of services:

ACADEMIC AND PERSONAL GOALS

Please describe your goals for your child's education and growth at Resilience Leadership Academy:

What are your child's greatest strengths and talents?

What areas would benefit most from additional support and encouragement?

Which campus option are you most interested in?

- ☐ Therapeutic Boarding School ☐ Transition Private School Campus ☐ Unsure - would like to discuss options

FAITH AND VALUES

Our Christian Foundation

RLA integrates Christian values and biblical principles into our curriculum and daily life. We welcome students and families from all backgrounds who are open to this faith-centered approach to education and recovery.

Please describe your family's faith background and comfort level with Christian-based education:

Are you comfortable with your child participating in daily devotions, chapel services, and faith-integrated curriculum?

- ☐ Yes, very comfortable ☐ Open to learning more ☐ Have some concerns

TRANSPORTATION

Will the student require school transportation?

- ☐ Yes ☐ No

If yes, please provide address for pick-up/drop-off:

REFERENCES

Current or former school counselor, therapist, or case worker (Name and contact information):

Personal reference (pastor, family friend, community member - Name and contact information):

ADDITIONAL INFORMATION

Is there anything else you would like us to know about your child or family situation that would help us better support your student?

How did you hear about Resilience Leadership Academy?

- ☐ School counselor/administrator ☐ Court/probation officer ☐ Therapist/counselor ☐ Family or friend
- ☐ Internet search ☐ Social media ☐ Other

CONSENT AND ACKNOWLEDGMENT

By signing below, I/We certify that:

- The information provided is accurate and complete to the best of my/our knowledge
- I/We understand that submitting this application does not guarantee enrollment
- Additional documentation, interviews, and assessments may be required as part of the admissions process
- I/We consent to RLA contacting previous schools, service providers, and agencies as needed to support the admissions process and student success
- I/We understand that RLA is a faith-based institution that integrates Christian values into education and daily life
- I/We agree to work collaboratively with RLA staff to support our child's academic, emotional, and spiritual growth
- I/We understand that RLA specializes in recovery-focused education and are committed to supporting our child's recovery journey

Privacy Notice: Information provided in this application will be kept confidential and used solely for admissions and educational planning purposes. We are committed to protecting your family's privacy in accordance with applicable laws and regulations.

Next Steps: After submitting this application, our admissions team will contact you within 3-5 business days to discuss next steps, which may include a family interview, student assessment, and tour of our facilities.

Parent/Guardian Signature *

Date *

Signature

MM/DD/YYYY

Parent/Guardian Name (Print) *

Contact Information

Resilience Leadership Academy

Phone: (832) 292-5864

Email: info@resilienceleadershipacademy.org

Website: www.resilienceleadershipacademy.org

Thank you for considering RLA for your child's educational journey. We look forward to partnering with your family to support your student's growth, recovery, and success.