

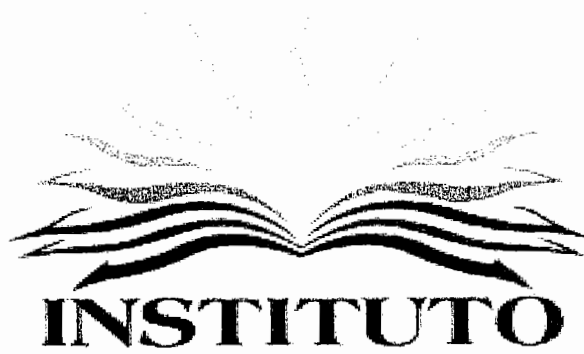
INSTITUTO
INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy

Call for questions Sixto Torres 773-372-3044

Student Enrollment Checklist

Note: All items below must be submitted prior to enrollment

Item	Status
1. Birth Certificate	_____
2. Social Security Card	_____
3. Student ID	_____
4. Parent ID	_____
5. Immunization records	_____
6. Proof of address	_____
7. Lunch form	_____
8. Transcripts from all previous High Schools attended	_____
9. Proof of Income	_____
10. Drop / Withdraw letter	_____
11. Student fees \$150	_____



**INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy**

General Release Form

The undersigned and/or his parents or legal guardian agree to allow photographic images, quotes and media interviews of this student to be used in the school, in brochures, newspaper articles and any other promotional material produced or approved by: Instituto Justice and Leadership Academy, Rudy Lozano Leadership Academy, Instituto Del Progreso Latino, Alternative Schools Network, and the Chicago Board of Education.

Student signature

Date

Parent signature

Date



**INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy**

Parent Guardian Notification Agreement Form

Student's Name: _____

I understand that as long as I am a student of the Instituto Justice and Leadership Academy Campus: Rudy Lozano Leadership Academy my parents or legal guardians will be notified of my progress, behavior, and attendance. I further understand that Rudy Lozano Leadership Academy will waive this requirement only for emancipated adult students. At Rudy Lozano Leadership Academy an emancipated student is 18 years old, does not live with parents or guardians, work and support themselves, and is not claimed as a dependent by parent or legal guardian.

Rudy Lozano Leadership Academy will notify my case worker in place of parent or guardian if I am a ward of the state of Illinois.

Student signature

Date



**INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy**

I hereby give consent for my son/daughter _____ to participate in walking trips, special excursions to places of interest, public parks, community agencies, facilities, any activities related to physical education units and any other field trips sponsored by the Instituto Justice and Leadership Academy Campus: Rudy Lozano Leadership Academy.

I understand that Instituto Justice and Leadership Academy: Rudy Lozano Leadership Academy is not responsible for any injuries suffered during school -sponsored activities.

Student Signature

Date

Parent or Legal Guardian Signature

Date



INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy

Parental Consent or Restriction of Access to Students

The following are **authorized** adults that can dismiss my son/daughter from Instituto Justice Leadership Academy: Rudy Lozano Leadership Academy in the event my son/daughter has one of the following:

1. is sick,
2. has an appointment of any kind
3. family emergency
4. other, please specify

This form must be completed and submitted in order for your son/daughter to receive early dismissals. Photo Id must be available upon student pickup. No exceptions will be allowed.

Adult	Phone number	Address	Relationship

The following adults are **restricted** from dismissing my son/daughter from school. In addition, they are denied access to my son/daughter during school hours.

Adult	Phone number	Address	Relationship



INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy

Emergency Information Form

Student Information

Your name _____ Date of birth _____ ID # _____

Address where you stay: _____

Tel. number where you stay: _____ Cellular number _____

Medical History

Do you have any serious illnesses or disabilities? Yes/ no _____

Please explain:

Do you take any medications for those illness/illnesses?

Do you have any food allergies?

Do you have any medicine allergies?

Doctor/clinic Name: _____ Telephone # _____

Clinic address:

Parent/ Legal Guardian Information

Name of parent/ legal guardian _____ Home Phone # _____

Cellular # _____

Address _____

Parent/ Legal Guardian work number: _____

Friends and Relatives: List three friends or relatives who would be willing to give you a message.

Name	Address	Tel. Number	Cell phone number

Confidential Information

Complete this box if 1. It reflects your child's current living situation or 2. if you are a youth not living with your parent or guardian (your answer will help school staff with enrollment and may enable the student to receive additional services.)

Check box if you are staying with:

In a shelter with relatives at a train or bus station In a motel/hotel, camping site,

in an abandoned apartment temporarily housed in a shelter awaiting DCFS

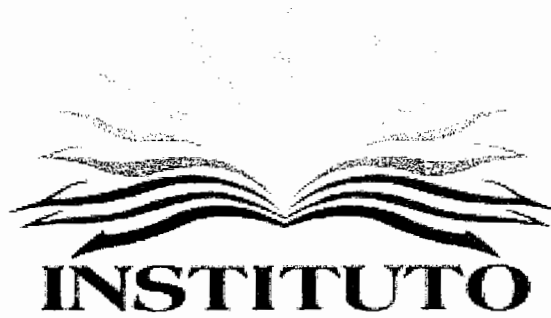
Confidential Information Box 2

Is there a current order of protection or no contact order which concerns this student? Yes _____ No _____
 School principal: if "yes" is checked, follow the school board policy 704, 4,

In case of medical/dental emergency, when parents or guardian cannot be reached, I give school personnel permission to take whatever action is deemed necessary, including the activation of emergency medical or dental services to transport and treat my child. This does not include consent for surgical operation, except in the case of an extreme emergency and only after every effort has been made to contact parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



**INSTITUTO JUSTICE AND LEADERSHIP ACADEMY
Rudy Lozano Leadership Academy**

Permission of Release

I, _____, parent of _____
Authorize Instituto Justice and Leadership Academy: Rudy Lozano
Leadership Academy staff to have permission in requesting personal
documentation from any educational institution. This document is
evidence that I am granting Instituto Justice and Leadership Academy:
Rudy Lozano Leadership Academy that authorization.

Student Signature

Date

Parent or Legal Guardian Signature

Date



INSTITUTO JUSTICE AND LEADERSHIP ACADEMY

Rudy Lozano Leadership Academy

Student Application

2012-2013

Student Information:

Name: _____
First Name Middle Initial Last Name

Address: _____
Number Street Apt.#

City: _____ State: _____ Zip: _____

Parent Cell Phone: _____ Student Work Phone: _____

Student cell phone: _____ Other : _____

Date of Birth: _____ Birthplace: _____ Age: _____

Social Security # (if applicable): _____ Gender: Female ___ Male ___

Race/Ethnicity:

African American ___ Latino ___ please specify _____ (i.e. Mx, P. Rican etc.)

Caucasian ___ Asian/Pacific Islander ___ Other (please specify) _____

Family Information:

Parent/Legal Guardian Name: (please specify mother, father, guardian, etc.)

Name: _____ Relationship to Student: _____

Home Address: _____
 Number Street Apt.#

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Work Phone: _____

Parent cell phone: _____ Parent email: _____

Please indicate what language your Parent/Legal Guardian speaks:

Spanish: Yes __ No __ Speak: Yes __ No __ Read: Yes __ No __ Write: Yes __ No __

English: Yes __ No __ Speak: Yes __ No __ Read: Yes __ No __ Write: Yes __ No __



HOMELANGUAGE SURVEY

Complete this Home Language Survey at the student's initial enrollment in a Chicago Public School.
This form must be kept in the student's folder.

School: _____ Room: _____ Unit: _____ Area: _____
Student Name: _____ Student ID No.: _____

English

1. Is a language other than English spoken in your home?
 No Yes _____ (Language)
2. Does the student speak a language other than English?
 No Yes _____ (Language)

If the answer to either question is *yes*, the law requires the school to assess your child's English language proficiency.

IMPACT REGISTRATION PROCESS

(For Office use only)

- The Non-English language identified on either question is the Home Language.
- If two different non-English languages are identified, enter the language identified in question 2 as the Home Language.
- Enter ENGLISH as a Home Language ONLY when both questions are answered no.

Spanish

1. ¿Se habla algún otro lenguaje que no sea inglés en su hogar?
 No Sí _____ (Lenguaje)
2. ¿Habla el estudiante un lenguaje que no sea el inglés?
 No Sí _____ (Lenguaje)

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.

Polish

1. Czy językiem innym niż angielski mówi się w domu?
 Nie Tak _____ (język)
2. Czyt uczeń mówi innym językiem niż angielski?
 Nie Tak _____ (język)

Jeśli udzielili Państwo brzośzypaj odpowiedzi na którakolwiek z powyższych pytań, przepisy wymagają, aby szkoła sprawdziła poziom znajomości języka angielskiego waszego dziecka.

Chinese

1. 在家中是否說英語之外的一種語言?
 否 是 _____ (語言)
2. 該學生是否會說英語之外的一種語言?
 否 是 _____ (語言)

如果你在兩個問題中之任一項的答案是“是”，則法律規定校方要測試貴子女的英語通曉程度。

Arabic

1. هل يتكلم في البيت بلغة لغوى غير اللغة الإنجليزية?
 نعم لا _____ (لغة)
2. هل يتكلم طفيلنا لغة لغوى غير اللغة الإنجليزية?
 نعم لا _____ (لغة)

إذا كانت الإجابة نعم على أي من السؤالين فإن الطالبون يحتم على المدرسة تقييم أبنكم للكفاءة في استخدام اللغة الإنجليزية.

Bosnian/Croatian/Serbian

1. Da li se u kući govori na stranom jeziku (različitom od engleskog)?
 NE DA _____ (jezik)
2. Da li učenik govori neki strani jezik (različiti od engleskog)?
 NI DA _____ (jezik)

Ukoliko ste na bilo koja od ovih pitanja odgovorili sa "Da", škola će biti zakonski dužna da procijeni nivo znanja engleskog jezika kod vašeg djeteta.

Urdu

1. کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟
 نہیں ہاں _____ (زبان)
2. کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟
 نہیں ہاں _____ (زبان)
- اگر ہاں کے جواب میں ہے تو اسکول کو جاننا ہوگا کہ بچہ کتنی انگریزی سیکھتا ہے اور اس کی ترقی کو جاننا ہوگا۔

Signature of School Official _____ Date _____ Signature of Parent/Guardian _____ Date _____

- Notes:
- If the parent/guardian does not speak English and the school does not have staff who speaks the parent/guardian's language, identify the language spoken by the parent/guardian through any assistance available in the school.
 - If exact name of the language cannot be determined, enter "Other" as a temporary entry. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.
 - Questions or concerns, contact your Area Compliance Facilitator.

Education:

SCHOOL	DATES ATTENDED	NAME OF SCHOOL	CITY	GRADE LEVEL COMPLETED
High School				

How long have you been out of school?

*Why have you chosen Rudy Lozano Leadership Academy re-entry program? **Write a full paragraph explaining your reasons:***

I affirm that all responses contained in this application are true and correct, to the best of my knowledge.

Student Signature

Date



INSTITUTO DEL PROGRESO LATINO

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Instituto Justice Leadership Academy (IJLA)

The Instituto Justice and Leadership Academy (IJLA) is dedicated to the principle that education is liberation. The school's mission as a learning community is to re-engage out of school youth in a rigorous and social justice inspired program driven by a student centered environment. IJLA defines social justice as a way of life that challenges an individual to realize the power and potential in themselves and their community.

IJLA students take responsibility for their learning process and as they learn the meaning of being healthy physically, emotionally, and socially, they make better life choices as citizens. Depending on each student's credits and current competencies, they are placed in pods instead of grade level which are Leveling, Apprentice, and Mastery.

In the next four years Instituto plans to open multiple IJLA campuses across the southwest side of Chicago, ultimately reaching 1,000 students.

Currently, IJLA operates two campuses - the Rudy Lozano campus and the Mastery Campus, which together serve over 200 students. Find [campus locations here](#).

Enrollment

IJLA accepts applications continuously, enrolling students at the start of semesters in September and January. In order to enroll students must:

- Be eligible for grades 9-12
- Have between 0-24 High School credits
- Reside in Chicago
- Be motivated, dedicated, and eager to succeed!

To begin enrollment, please open and complete [IJLA's enrollment packet](#)*. If you have questions about school enrollment, please contact IJLA at (773) 890-8060.

Yes! I am interested in learning more about IJLA!

First Name

Last Name

Email

Phone

Zip Code of Residence

**Our enrollment packet is in Adobe Acrobat PDF format. To enable the ability to digitally sign the document, enter, save, and submit the information in the PDF you will need install and download the enrollment packet in Adobe Acrobat Reader. Download and install the free software at www.adobe.com.*

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