



**Jalen Rose Leadership Academy  
Enrollment Application  
2017-2018 School Year**

**Student Information**

Student Full Name \_\_\_\_\_

Entering Grade (Fall 2017): 9 10 11 12

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Current School Attended \_\_\_\_\_ Student Email Address \_\_\_\_\_

Does the applicant have a sibling currently attending JRLA?  Yes  No. If Yes, please list the sibling's name and grade \_\_\_\_\_.

**Parent/Guardian Contact Information**

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Father

Name \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Legal Guardian (if other than parent)

Name \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Parent or Guardian Signature:**

\_\_\_\_\_

**Special Education**

Has your child ever/currently received Special Education or 504 Plan services?  Yes  No  
If yes, please attach copies of the 504 Plan or the IEP/MET and evaluation reports to the Enrollment Application.

Return completed applications by fax or mail to:

Jalen Rose Leadership Academy

15000 Trojan

Detroit, MI 48235

Fax: (313) 397-4155/Phone: (313) 397-3333

How did you hear about JRLA?

- TV/Radio/Internet
- Newspaper
- Friend/Family Member \_\_\_\_\_

(name of friend/family member)