



**RANDALL T. SHEPARD ACADEMY
FOR LAW AND SOCIAL JUSTICE
STUDENT ENROLLMENT APPLICATION**

PLEASE PRINT OR TYPE

*Complete the entire application and return to Harrison High School Counselor Secretary.
Priority deadline is January 22, 2010. Final deadline is January 27, 2010.*

(You may attach your responses on a separate piece of paper, if necessary.)

PART I. STUDENT

Student Name (Last, First)

Parent Name (Last, First)

Street Address

City, State, Zip Code

Phone Number

2nd Phone Number

Student Email Address

Parent Email Address

Student Age

Date of Birth

Present High School Attending

1. Describe yourself as a student.

2. List the activities in which you are involved, including community service and the importance of these activities to you and to your community.

3. Explain why you wish to enroll in the Shepard Academy for Law and Social Justice.

PART II: TEACHER

Ask two of your teachers to complete the Teacher Recommendation form. Submit their school email addresses below. The application should be returned in a sealed envelope with teacher's signature across the seal. Recommendation forms must be completed and returned by the application deadline.

Teacher School Email Addresses:

- 1.
- 2.

PART III: PARENT

Please initial to indicate you have read and understand the following:

_____ I understand that the Shepard Academy is a rigorous program and involves various types of assessment, coursework, and independent work beyond the classroom.

_____ I understand that the Shepard Academy is a two year inclusive program of study. Students enrolled in the Academy must complete the course work in order to receive all credits associated with the Academy. A decision to leave the Academy prior to graduation may require the student to enroll in other coursework in order to meet graduation requirements mandated by the State of Indiana.

_____ I understand that there are conditions and possible academic consequences associated with the decision to have my son/daughter leave the Shepard Academy and that no final decision about changing enrollment status should be made without first consulting my son's/daughter's counselor.

_____ I understand that if my child leaves the Shepard Academy, he/she must return to his/her home school.

Signature of Student

Date

Signature of Parent/Guardian

Date



**RANDALL T. SHEPARD ACADEMY
FOR LAW AND SOCIAL JUSTICE
STUDENT ENROLLMENT APPLICATION**

Teacher Recommendation Form

Please rate the applicant on the following areas:

	Excellent	Good	Average	Poor	No Basis for Judgment
--	-----------	------	---------	------	-----------------------------

Academic Potential for College					
Motivation					
Time Management					
Maturity					
Written Expression					
Oral Expression					
Leadership Qualities					

How long have you known the applicant? _____ In what capacity? _____

Comments (optional)

Please attach additional pages as necessary.

Teacher's Printed Name _____

E-mail Address _____

Recommendation forms must be returned in a sealed envelope with teacher's signature across the seal.