

# Leominster Center for Excellence

## Application for Admission

**Student Full Name:** \_\_\_\_\_  
LAST FIRST M.I.

**Address:** \_\_\_\_\_  
NUMBER STREET APT. #

\_\_\_\_\_  
CITY OR TOWN ZIP CODE

**Home Phone:** \_\_\_\_\_ **Parent Cell Phone:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Race/Ethnicity:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Do you require a translator at meetings?** \_\_\_\_\_

**Are you Hispanic/Latino?** \_\_\_\_\_

**Do you have a current IEP?** \_\_\_\_\_ **Do you have a 504 Plan?** \_\_\_\_\_ (Please Attach)

**Current School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Year of Grad:** \_\_\_\_\_

**Parent email address:** \_\_\_\_\_ **Student email address:** \_\_\_\_\_

**With whom do you reside?**  Both Parents  Mother  Father  Legal Guardian  Other

**Do you have any siblings?**  Yes  No  Brother(s) Age(s) \_\_\_\_\_  Sister(s) Age(s) \_\_\_\_\_

**Full name of Parent(s)/ Guardian(s) with whom you live:**

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

**Emergency Contacts:**

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

# All About You...

To Be Completed by the Student

What are your three favorite things to do?

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What is your favorite color? \_\_\_\_\_ What is your favorite food? \_\_\_\_\_

Who is your role model and why?

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What is your favorite word? \_\_\_\_\_ What is your favorite number? \_\_\_\_\_

How would you describe yourself? \_\_\_\_\_

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Tell us about a time you were a leader \_\_\_\_\_

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Tell us about a time when you learned a valuable lesson in your life \_\_\_\_\_

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How would others describe you? \_\_\_\_\_

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What are your goals for your future? 2 years? 5 years? \_\_\_\_\_

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What is your favorite thing about yourself? \_\_\_\_\_

What is most important to you and why? \_\_\_\_\_

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# School Counselor Recommendation for LCE

## To Be Completed by Student:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

*It is the responsibility of the student applicant to be sure their current School Counselor completes this form and includes all requested documents prior to submitting the application to the Leominster Center for Excellence.*

## To Be Completed by School Counselor:

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Counselor Name: \_\_\_\_\_

Please tell us about this students' academic ability overall (Counselors may submit information gathered from teachers) \_\_\_\_\_

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Does this student require additional academic supports? If so, what are they? \_\_\_\_\_

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Does this student have any emotional/behavioral issues that require accommodations or additional supports?

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Why do you think LCE is an appropriate setting for this student? \_\_\_\_\_

What are some of this student's best qualities? \_\_\_\_\_

Is this student self-motivated to be successful? Please share examples.

Is this student an independent learner? Please share examples.

Would this student be successful in a less structured environment? Why or why not?

Is there any additional information you would like to share regarding this student? \_\_\_\_\_

I am including the requested records with this application

I am sending the records and understand this student's application is not complete until records are received by LCE. Records can be mailed to: Leominster Center for Excellence, Attn: School Counselor, 464 Abbott Ave., Leominster, MA 01453

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

# Records Release Form and Requested Records

Please return the following records with the application. If being mailed by school, please have school counselor make note on the School Counselor Recommendation Form.

## **SCHOOL RECORD RELEASE**

I, \_\_\_\_\_, hereby give permission for the school listed above  
Parent/Guardian Name

to release copies of the school records for \_\_\_\_\_ to the  
Student Name  
Leominster Center for Excellence for the purpose of application consideration for admission.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

## **SPECIAL EDUCATION RECORD RELEASE**

I, \_\_\_\_\_, hereby give permission to release copies of all  
Parent/Guardian Name

Special Education Records, including IEP, 504, and Evaluations, regarding my child

\_\_\_\_\_, who is currently enrolled as a student at  
Student Name

\_\_\_\_\_, and is applying to the Leominster Center for  
School Name  
Excellence. I understand that all records provided to LCE are required to complete the application process  
and will be maintained on a confidential basis.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Signature Date

## **REQUESTED RECORDS**

- |  |   |
|--|---|
| <input type="checkbox"/> Current Transcript                  | <input type="checkbox"/> IEP (If applicable)      |
| <input type="checkbox"/> Attendance History for past 3 years | <input type="checkbox"/> 504 Plan (If applicable) |
| <input type="checkbox"/> Conduct History for past 3 years    |   |
| <input type="checkbox"/> MCAS Results                        |   |