



Ledyard High School

Home of the Colonels

24 Gallup Hill Road • Ledyard, CT 06339 • 860-464-9600



Tuition Application for Norwich & Preston Residents

Thank you for your interest in applying as a tuition student to attend Ledyard High School. We think you've made an excellent choice. Since the opening of the school in 1963, Ledyard High School faculty and staff have worked to cultivate a learning community that underscores academic excellence with rich artistic, athletic, and extracurricular opportunities. As a school of choice, we embrace students from across southeastern Connecticut as they pursue an exceptional education that readies them for both college and career.

Our thorough application process ensures that the students we accept are well-equipped for success as a Colonel. To that end, we focus on two primary categories: Academic Ability and Readiness to Learn. Your academic transcript and your standardized test results help us to determine your Academic Ability. Your discipline and attendance records help us to determine your Readiness to Learn. The recommendations of your guidance counselor and a teacher inform both categories.

All fully complete applications are reviewed first by the Director of Guidance, then by the two Assistant Principals, and, as relevant, the Coordinator of Student Services. Finally, the Principal reviews every application and the recommendations of the prior readers before making final notification of acceptance or denial by mail.

We are looking forward to reviewing your materials!

Principal

Amanda O. Fagan

Administrative Team

William Turner

James Buonocore

Samuel Covino

Athletic Director

James Buonocore

Director of Guidance

David Doyle

Instructional Leaders

Steven Bilheimer

Kathy Flax

Ashley Hargus

Kurt Jannke

Devon O'Keefe

The application consists of:

I. Student Information

II. Writing Sample

III. Student Recommendations

IV. Student Records

Acceptance criteria are based upon the ideas of:

Academic Ability

Earned Grades • Standardized Testing

Readiness to Learn

Discipline Record • Attendance Patterns

Ledyard High School does not discriminate in any of its programs or activities on the basis of race, color, religious creed, age, marital status, national origin, gender, sexual orientation, or physical disability.



Ledyard High School

Home of the Colonels



24 Gallup Hill Road • Ledyard, CT 06339 • 860-464-9600



Part I: Student Information



Name: _____

Street Address: _____

City/Town: _____ Zip: _____

Home Phone #: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____



Current School: _____

Current Grade (circle one): 8 9 10 11

Mother/Guardian's Name: _____



Work or Cell Phone Number: _____

Father Guardian's Name: _____

Work or Cell Phone Number: _____

Parent E-mail Address: _____



Student E-mail Address: _____

Release of information: parent/guardian signature indicates permission to release all school records, including special education records, to Ledyard High School.

Parent/Guardian signature _____

Date _____

Please send all application materials to:

Ledyard High School

Attention: Director of Guidance

24 Gallup Hill Road

Ledyard, CT 06339





Ledyard High School

Home of the Colonels

24 Gallup Hill Road • Ledyard, CT 06339 • 860-464-9600



Part III: Recommendation Form

To be completed by the student's Guidance Counselor or Administrator

(Part i of ii)

What is your understanding of the reason(s) this applicant would like to attend Ledyard High School?

Please identify this student's strengths in terms of academics and character.

Please identify areas for improvement for this student in terms of academics and character.

Please describe this student's behavioral pattern within your school (i.e. emotional stability, cooperation with fellow students, teachers, etc.), noting any specific disciplinary issues.

If this student's attendance patterns are poor, please indicate the cause, if known.

Signature of person completing this form

Title



Ledyard High School

Home of the Colonels

24 Gallup Hill Road • Ledyard, CT 06339 • 860-464-9600



Part III: Recommendation Form

To be completed by a faculty member who knows the student well

(Part ii of ii)

Student name: _____

In what capacity have you known the student applicant?

Please circle the number below that most closely corresponds to the score that, in your opinion, best describes the student applicant.

Interest

3	Demonstrates sincere interest in attending Ledyard High School for its varied offerings	2	Demonstrates some interest in attending Ledyard High School for its varied offerings	1	Demonstrates little or no interest in attending Ledyard High School for its varied offerings	n/a	Unable to provide feedback in this area
----------	---	----------	--	----------	--	------------	---

Character

3	Demonstrates excellent character, including maturity, a positive attitude, and respect for others	2	Exhibits some inappropriate behavior or attitudes that may be attributable to immaturity	1	Engages in significant inappropriate behavior and/or lacks sensitivity toward others	n/a	Unable to provide feedback in this area
----------	---	----------	--	----------	--	------------	---

Participation

3	Readily participates in service and/or school activities	2	Participates in occasional, one-time service activities	1	Does no service	n/a	Unable to provide feedback in this area
----------	--	----------	---	----------	-----------------	------------	---

Anything else to add? _____

Signature of person completing this form

Title



Ledyard High School

Home of the Colonels

24 Gallup Hill Road • Ledyard, CT 06339 • 860-464-9600



Part IV: Student Records

To be completed by the student's Guidance Counselor or Administrator

Attention: all records must be provided before a student application can be processed.

Academic transcripts and **Standardized Test Results** for the application must be forwarded to the AgriScience & Technology Department with this form.

_____ Transcript

_____ Attendance records

_____ Disciplinary records

_____ Any recent standardized testing scores (i.e. CMT science, MAP, etc.)

_____ Is this student receiving any special services? _____ YES _____ NO

If *yes*, please include Special Service records for the past two years:

_____ I.E.P.s _____ P.P.T. minutes _____ Behavior Plan

_____ Psychological and education evaluations

_____ Student exceptionality, as determined by P.P.T.

_____ Is this student under a 504 accommodation plan? _____ YES _____ NO

If *yes*, please include supporting documentation, including:

_____ Diagnostic information _____ Evaluations

_____ Behavior Plan

Note: parental permission for release of information is on the Part I: Student Information page.

Signature of person completing this form

Title