



# 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.



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## 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







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## 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?

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

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

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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.

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

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\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Title



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## 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?**

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**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? \_\_\_\_\_

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Signature of person completing this form

Title



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## 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