



## THE ADMISSION PROCESS

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LYDIA Urban Academy enrolls students four times a year at the beginning of each grading period. Openings are filled on a first come, first served basis with the Academy enrolling no more than 30 students for any single grading period.

Any student interested in enrolling at the Academy should submit an application packet that has been filled out completely and signed by both the student and a parent or guardian. An interview with the student and guardian will be scheduled once the following items are received:

- Completed application (may be done online at [www.luachicago.org](http://www.luachicago.org))
- Copy of all high school transcripts
- Completed transcript and medical record request form

The Academy reserves the right to delay or deny admission until all of the items on the *checklist* below have been submitted. In the event that admission is delayed, the student has until the end of the first week of the grading period to submit all paperwork, payments, and tests. Any days missed due to delayed admission are considered unexcused. After the end of the first week, the student will not be permitted to enroll until the following grading period. Once a student has submitted all of the necessary items, he/she may begin classes on the *following* school day. For example, if the student comes to the first day of the grading period with any remaining items, he/she will be sent home and invited to come back the following day, provided that the director finds everything to be complete and in order.

Once an interview is granted, the student must be present with at least one parent or guardian. The Director will determine at the interview whether or not the student is a good fit for the Academy and accept or deny admission based on that determination.

## CHECKLIST

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Any student accepted to the program must be prepared to submit the following before receiving a schedule to begin classes:

- Withdrawal form from previous high school
- \$150.00 registration fee
- Official high school transcripts
- Completed health form, filled out by a physician (including proof of immunization)
- Completed behavior contract, signed by parent and student
- Completed field trip and photo authorization forms
- Completed Parent-Student Work-Study agreement
- Completed tuition contract



**LYDIA**  
Strengthening Children & Families

**LYDIA Urban Academy-Chicago**  
4300 W. Irving Park Road  
Chicago, IL 60641-2825  
Phone (773) 653-2200  
Fax (773) 736-6970

## ADMISSION APPLICATION

### STUDENT INFORMATION (PLEASE PRINT.)

DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_  
(last) (first) (full middle)

ADDRESS \_\_\_\_\_  
(city) (state) (zip)

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLACE OF BIRTH CITY \_\_\_\_\_  
(state) (country)

FIRST LANGUAGE \_\_\_\_\_ SECOND LANGUAGE \_\_\_\_\_

FAITH OR RELIGIOUS AFFILIATION \_\_\_\_\_

GENDER (check one)  MALE  FEMALE

RACE (check all that apply)  
 WHITE, NON-HISPANIC  BLACK, NON-HISPANIC  HISPANIC  
 AMERICAN INDIAN OR ALASKA NATIVE  ASIAN OR PACIFIC ISLANDER  
 OTHER \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (PLEASE PRINT.)

*Please fill out all information as it relates to the student's primary guardian. This is the guardian who would first receive any correspondence for attendance, disciplinary problems, tuition, special functions, or other school related concerns.*

NAME \_\_\_\_\_  
(last) (first) (full middle)

RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(city) (state) (zip)

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLACE OF BIRTH CITY \_\_\_\_\_  
(state) (country)

FIRST LANGUAGE \_\_\_\_\_ SECOND LANGUAGE \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION \_\_\_\_\_

FAITH OR RELIGIOUS AFFILIATION \_\_\_\_\_

OCCUPATION/EMPLOYMENT \_\_\_\_\_

**SECOND PARENT/GUARDIAN INFORMATION (PLEASE PRINT.)**

*If there is a second guardian who may be contacted for school-related concerns, please fill out his or her information here. If there is no second guardian then you may skip this section.*

NAME \_\_\_\_\_  
(last) (first) (full middle)

RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
(city) (state) (zip)

PLACE OF BIRTH CITY \_\_\_\_\_

FIRST LANGUAGE \_\_\_\_\_ SECOND LANGUAGE \_\_\_\_\_  
(state) (country)

HIGHEST LEVEL OF EDUCATION \_\_\_\_\_

FAITH OR RELIGIOUS AFFILIATION \_\_\_\_\_

OCCUPATION/EMPLOYMENT \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*The emergency contact should be an adult individual who is NOT listed as a guardian. In the event of an emergency (medical or otherwise) guardians will be contacted first. If no guardian can be reached, the emergency contact will be called.*

NAME \_\_\_\_\_  
(last) (first) (full middle)

RELATIONSHIP TO STUDENT \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**ENGLISH SPEAKING CONTACT INFORMATION**

*If the primary guardian speaks English then you may skip this section. If the primary guardian does not speak English then please have a reliable adult contact who can relay information between the school and the student's home.*

NAME \_\_\_\_\_  
(last) (first) (full middle)

RELATIONSHIP TO STUDENT \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_



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## STANDARDS OF CONDUCT CONTRACT

*Lydia Urban Academy is a Christian secondary school dedicated to providing a quality education in a positive environment that encourages academic excellence, high moral standards and personal discipline.* The following standards of conduct delineate beliefs, attitudes, and values that the school deems essential to the fulfillment of its mission. Each student needs to read, agree to, and apply its contents. A student will not be allowed to be enrolled if a signed contract is not on file.

1. I realize that **racial bigotry and hatred is wrong** no matter to whom it is directed. I agree to not engage in racism either by my actions or by my words while enrolled at the Lydia Urban Academy.

\_\_\_\_\_ *student initials*

2. I realize that the **use of alcohol and drugs** will not be tolerated at Lydia Urban Academy. I agree not to use any drugs or alcohol before school, during school hours, at lunch, or at any other school events. I understand that if I do, I will be subject to immediate expulsion. I also understand that the staff may conduct random drug tests. If I test positive at any time, I understand that I may be subject to suspension until the following quarter and/or until I am able to test negative.

\_\_\_\_\_ *student initials*

3. I realize that **open displays of affection and sexually explicit language** or innuendoes are not conducive in creating a learning environment. I will refrain from such behavior while at Lydia Urban Academy or while attending any school functions.

\_\_\_\_\_ *student initials*

4. I will demonstrate **respect to the faculty** of Lydia Urban Academy as indicated by my non-hostile obedience to their directives and requests. I will show respect to my fellow students by not fighting, gossiping, or forming exclusive cliques.

\_\_\_\_\_ *student initials*

5. I appreciate the organization that occupies the **school building and grounds** in which I attend. I will not damage this property in any way. I understand that I am subject to disciplinary action and payment for damages if I do so.

\_\_\_\_\_ *student initials*

6. I will sincerely attempt to change my **language habits** and reduce my profanity. I understand that if I swear the faculty will exhort me to use better language. I realize that I am subject to disciplinary action if I curse at a teacher or continually exhibit profanity.

\_\_\_\_\_ *student initials*

7. I realize that **consistent attendance** is necessary for academic progress. Excessive tardiness (including all class periods throughout the day) or absences will require a conference with parents and/or disciplinary action. I understand that if I miss 20 minutes or more of a class for any reason, or if I arrive tardy 3 times, it will be considered an unexcused absence. I understand that I am allowed no more than 5 absences in any given class or I will be dropped from that class.

\_\_\_\_\_ student initials

8. I have a bright future. I do not want to jeopardize it by a rash and senseless act of **violence**. I realize that if I initiate or perpetuate a fight or other acts of violence, I am subject to expulsions. I also understand that bringing a firearm or other weapon to school will result in immediate expulsion.

\_\_\_\_\_ student initials

9. I must **dress appropriately**. No gang related, profane, or alcohol/drug related clothing or jewelry may be worn. Dress must cover the body; no bare midriffs or shoulders. I understand that I will be sent home to change if the faculty determines my attire to be inappropriate.

\_\_\_\_\_ student initials

10. I will exhibit **proper classroom behavior** in order to provide my fellow students and myself the best possible opportunity to learn. I understand that disruptive and inappropriate behavior will not be tolerated. If misbehavior continues, I will be subject to disciplinary measures.

\_\_\_\_\_ student initials

11. I will do all **classwork** assigned by my teachers in all my classes. I will complete my classwork promptly. I will take notes as needed in class and study hard for all my tests. I will agree to counseling if I refuse to do my work or turn in below standard and incomplete assignments. If the behavior continues I will be subject to disciplinary measures.

\_\_\_\_\_ student initials

12. I understand that the faculty is here to educate, advocate, and encourage mature and thoughtful behavior. They represent authority in the school setting. **I understand that the contents and terms of this contract and the judgment of the faculty in their interpretations are not negotiable.**

\_\_\_\_\_ student initials

13. I understand that LYDIA Urban Academy is a **closed campus** and I am only to leave the building under the supervision of a teacher. Should my whereabouts be unaccounted for, at any time, during regular school hours I will not be permitted to return to class. I understand that this policy is designed for my safety and the safety of other students.

\_\_\_\_\_ student initials

14. I understand that **cell phones** and **MP3 players** are devices that may disrupt the learning environment and that I am to turn them off upon entering the building. They are to remain off throughout the day, including during lunch and on field trips. I understand that a teacher may confiscate an electronic device if it is seen and/or heard and that on my third violation and beyond I will owe a fee of \$5 each time before I may reenter class.

\_\_\_\_\_ student initials

**I have read the entire contract and agree to the provisions stated and initialed. I enter freely into this contract with LYDIA Urban Academy.**

\_\_\_\_\_

*Student*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Parent / Guardian*

\_\_\_\_\_

*Date*



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## FIELD TRIP CONSENT FORM

I understand that field trips are an important part of the educational program at Lydia Urban Academy. I hereby give permission for my student to attend regular field trips for the \_\_\_\_\_ - \_\_\_\_\_ school year. I understand field trip fees are due at the beginning of each grading period and that I do not need to send additional money the day of the field trip unless informed directly by the school.

- Field trips that take place during class times, such as library days, will be under the supervision of the classroom teacher, who should be contacted in the event of any questions.
- It is important for students to arrive on time the day of the field trip. Students who arrive late may be left behind and their absence will not be excused.
- Students are encouraged to bring a sack lunch but we will stop at a restaurant in the vicinity of the field trip site for those who prefer to buy their lunches. Lunches are NOT covered in field trip fees.
- Dismissal times may vary on field trip days. Students may be dismissed earlier or later than usual. Please contact the school for specific field trip information.
- Public transportation may be utilized for some field trips. Students will be dismissed from the blue line unless Lydia Urban Academy receives written instruction to the contrary from a parent or guardian.

I will not hold Lydia Home Association or Lydia Urban Academy responsible for any injuries or losses of any kind that my child may suffer or incur during or as a result of his or her participation in this activity.

\_\_\_\_\_

Parent Name (print)

\_\_\_\_\_

Student Name (print)

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## Story & Photo Release Form

I, , give my permission for LYDIA Home Association (LYDIA)/Urban Academy (LUA) to use my story and photo to represent the services of this organization. I give my full permission for the use of my story and photo for publicity, publication, or promotional purposes. This includes use in television broadcast, publications, literature, newsletters, annual reports, videos, displays, slide presentations, and/or release to newspapers/periodicals/outside supporting organizations (for promotional or awareness materials). Names will be changed as well as any identifying information about the student and their family at the discretion of the client and LYDIA/LUA.

Release takes effect upon signing and will be effective for one year except in the case of brochures, newsletters, annual reports, displays, newspapers/periodicals/outside supporting organizations or otherwise when stated below. By signing below, I also acknowledge and give permission to use my story and photo for longer than one year in the capacity selected below.

Client may withdraw authorization at any time; however, materials already in circulation (such as, but not limited to, brochures or archives of newsletters) will not be impacted by withdrawal of authorization. To withdraw authorization, please submit in writing to LYDIA Home Association, 4300 West Irving Park Road, Chicago, IL 60641 or fax to (773) 736-6970.

*I hereby grant my permission for the use of my story and photo to be used for:*

Brochure    Newsletter    Appeal    Other (specify): website, donor updates, gala materials, outside promotional/awareness materials

*If Other is selected: Will this be used for more than one year? Yes / No (mark one)*

**Name**

**Address**  **City/State**  **Zip**

**Phone**  **Email**

/ /

*Signature*  *Date*

/ /

*Signature of Guardian (if under 18)*  *Date*

Copy to Client    Copy in Client File    Copy in LYDIA Publication File

\_\_\_\_\_  
*Submitted by & Date*





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## STUDENT TUITION CONTRACT

Tuition is \$75 per quarter credit, due in the first week of each grading period. An additional fee of \$30 per quarter for field trips is due at the start of each term.

### The Billing Policy for Tuition and Fees is as follows:

- The LYDIA Home Accounting Department is responsible over all billing for the Academy. The School Director is a point person between the families and Accounting and will direct inquiries accordingly.
- Tuition payments to be made via automatic charge, debit, or withdrawal and are due the first day of each month from September – June or until tuition for the academic year has been paid in full. Families receive a calendar at the start of the school year advising of the upcoming payments and are responsible for ensuring that there are sufficient funds in the chosen account.
- Field trip fees are due before the start of each term and may be made via credit card, check, money order or cash. Payment of field trip fees ensure that the student will receive a schedule on the first day of class for each term (this is assuming that the student is current in all other tuition payments).
- Any student who is more than one quarter behind on tuition and/or fees may not attend classes until that bill is paid in full. Families will be notified if an automatic payment has been denied and will be given opportunity to make good on that payment before their student may start the next term.
- LYDIA Home Association reserves the right to send unpaid tuition and fees into collection and the Urban Academy will not release paperwork to students or their families with an outstanding balance. This includes (but may not be limited to) diplomas and transcripts.
- Tuition payments will not be refunded in the event that a student is expelled or drops out before the end of the grading period. Students are charged tuition based on the classes assigned.
- Any student receiving a reduced-tuition rate and fails or loses a class must pay full price to take the class a second time.

I understand the terms and conditions for tuition and fees and recognize that the faculty of LYDIA Urban Academy is providing a valuable service to the students of LUA and do everything within their power to keep tuition and fees affordable. Part of that is ensuring that all families are held responsible for tuition and fees. I enter freely into this contract.

\_\_\_\_\_  
 Signature: Responsible Party for Tuition

\_\_\_\_\_  
 Social Security Number of Responsible Party

\_\_\_\_\_  
 Please Print Name of Responsible Party

\_\_\_\_\_  
 Quarter Credit Rate

\_\_\_\_\_  
 Date



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## REQUEST FOR REDUCED

Please fill out the following information completely and truthfully. You will be required to submit verification of income via previous tax records and / or pay stubs.

NAME OF PARTY SEEKING REDUCED TUITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

(city)

(state)

(zip)

TOTAL MONTHLY HOUSEHOLD INCOME (PLEASE CHECK ONE)

\$0-2,083     \$2,084-2,916     \$2,917-3,750     \$3,751-4,583     \$4,584-5,416     \$5,417 or more

MEMBERS OF HOUSEHOLD, INCLUDING AGES:

_____	(name)	(age)	_____	(name)	(age)
_____	(name)	(age)	_____	(name)	(age)
_____	(name)	(age)	_____	(name)	(age)
_____	(name)	(age)	_____	(name)	(age)

MONTHLY EXPENSES (ONLY INCLUDE WHAT YOU PAID OUT OF POCKET)

RENT/MORTGAGE \$ \_\_\_\_\_

GROCERIES \$ \_\_\_\_\_

UTILITIES \$ \_\_\_\_\_

TRAVEL(CTA, GAS, ETC) \$ \_\_\_\_\_

PHONE \$ \_\_\_\_\_

CAR(INCLUDING INSURANCE) \$ \_\_\_\_\_

MEDICAL \$ \_\_\_\_\_

OTHER \_\_\_\_\_ \$ \_\_\_\_\_

DO YOU CURRENTLY RECEIVE PUBLIC ASSISTANCE? (CHECK ALL THAT APPLY)

SECTION 8     REDUCED LUNCH     MEDICARE     WIC     LINK     SSI     OTHER \_\_\_\_\_

DO YOU RECEIVE ANY OTHER FORM OF ASSISTANCE OR INCOME, SUCH AS TRUST FUND, LEGAL SETTLEMENT, CHILD SUPPORT OR ALIMONY?  YES     NO    PLEASE DESCRIBE:

_____	(type of income)	(\$ monthly)	_____	(type of income)	(\$ monthly)
_____	(type of income)	(\$ monthly)	_____	(type of income)	(\$ monthly)
_____	(type of income)	(\$ monthly)	_____	(type of income)	(\$ monthly)

