



Inspiring the
Leader Within

ACCEPTANCE FORM

Name: _____

Participant:

You have been nominated by your school to participate in the 2023/2024 Leader Academy program through Charleston Leaders, which requires participation in all of the sessions. Your signature indicates that you live in or attend school in Charleston County, have completed the online application, understand the purpose of Leader Academy, and will participate in all of the required sessions.

Participant Name	Participant Signature	Date

Participant Parent/Guardian:

Your son/daughter has been nominated by their school and accepted into the 2023/2024 Leader Academy program through Charleston Leaders, which requires the support of the family, with the understanding that all sessions require their attendance. Your signature indicates your consent for your child to participate in Leader Academy. The tuition fee for this program has been underwritten by Charleston Leaders and their business partners.

Parent/Guardian Name	Parent/Guardian Signature	Date