





Student's full name: \_\_\_\_\_

Grade applying for: \_\_\_\_\_

## ENROLLMENT APPLICATION 2012 - 2013

### SPECIAL SERVICES/PROGRAMS

Your responses to the following questions will not affect your admission, but will be used post lottery to support your child's success at Da Vinci Schools.

Please check any of the following that your child has participated in during the past 3 years

- Special Education services       Individualized Education Plan (IEP) *If checked, please submit a copy of the IEP/Psych Report*  
 English Language (EL) services       504 Plan       Gifted and Talented Education (GATE)  
 Homeschooling       Independent Study: Grades: \_\_\_\_\_       Other: \_\_\_\_\_

Has your child repeated a grade?       Yes       No      If yes, which grade/year (ex. 2006-2007) \_\_\_\_\_

Has your child ever been suspended or expelled?       Yes       No      If yes, please explain: \_\_\_\_\_

Has your child ever been convicted of a crime or is there a criminal investigation pending?       Yes       No

If yes, please explain: \_\_\_\_\_

### FOR INNOVATION ACADEMY (K-8) APPLICANTS ONLY

Parents/legal guardians must attend an Innovation Academy Information Meeting as a required part of the application process.

- We attended an Information Meeting on \_\_\_\_\_  
 We understand we are applying to an independent study program and my child will only be attending a school site 2 days a week.

### HOW DID YOU HEAR ABOUT DA VINCI SCHOOLS?

- Presentation at your school       Family Member       Friend       Teacher/Counselor      Name: \_\_\_\_\_  
 Newspaper       Internet       Other (please specify): \_\_\_\_\_

Please list other schools to which your child is applying: \_\_\_\_\_

### PARENT/GUARDIAN QUESTIONNAIRE

To be completed by the Parent/Guardian (If additional space is needed, please use the back of this page)

Why are you interested in having your child attend Da Vinci Schools? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths and interests? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In what ways would you like to see your child grow? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any needs your child has that are not being met by his/her current school? If so, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any specific family circumstances that are important for the school to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN SIGNATURES

By signing below, we verify that all information provided herein is accurate and complete. Failure to provide accurate and complete information may result in revocation of my child's admission or enrollment. We agree to abide by all Da Vinci Schools' policies and procedures.

\_\_\_\_\_  
Parent's or Guardian's Full Name (Please print)

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

Completed Application Deadline: **March 2, 2012, 4:00pm**