



APPLICATION FOR ADMISSION SLINGERLAND – Y / N

Applying for grade _____ Fall/Spring/Summer 20_____

Date of Application ____/____/20_____

Student's Full Name: _____
Last First Middle

Student's Primary Address: _____
Street City State Zip

Student's Home Phone: _____ SSN: _____

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

Ethnicity:

___ Hispanic/Latino ___ Black/African ___ Native Hawaiian/Pacific Islander

___ Caucasian/White ___ Asian ___ American Indian/Alaska Native

___ Middle Eastern ___ Other _____

Current School: _____ Current/Last Grade Attended: _____

Current School Phone: _____

FAMILY INFORMATION PARENT/GUARDIAN 1

Parent's Name: _____
Last First Middle

Parent's relationship to Applicant: _____ Parent's Occupation: _____

Parent's Primary Phone: _____

Parent's Secondary Phone: _____

Parent's Email Address: _____

Parent's Home Address (If other than that of Applicant):

FAMILY INFORMATION PARENT/GUARDIAN 2

Parent's Name: _____
Last First Middle

Parent's relationship to Applicant: _____ Parent's Occupation: _____

Parent's Primary Phone: _____

Parent's Secondary Phone: _____

Parent's Email Address: _____

Parent's Home Address (If other than that of Applicant):

FAMILY INFORMATION PARENT/GUARDIAN 3

Parent's Name: _____
Last First Middle

Parent's relationship to Applicant: _____ Parent's Occupation: _____

Parent's Primary Phone: _____

Parent's Secondary Phone: _____

Parent's Email Address: _____

Parent's Home Address (If other than that of Applicant):

FAMILY INFORMATION OTHER

Student lives with:

- Both Parents Step-Mother
- Mother Step-Father
- Father Guardian(s)
- Grandparent(s) Both Parents in Different Households (Court Documents required)

If the child is adopted, how long has he/she lived with you? _____

Names, ages and grade in school of other children in the family:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

What language is spoken most at home? _____

What other languages do family members speak fluently? _____

*Is your child ELL (English Language Learner)? Yes _____ No _____

*Does your child have an IEP or 504 plan? Yes _____ No _____

*Does your child have special needs (for example, medication, language development delay, behavioral, emotional, or social issues, etc.)? _____ Yes _____ No (if yes, please see administration)

Additional Information:

How did you hear about Livermore Valley Academy? Check all that apply.

- LVA Website Phone Contact with LVA Staff
- Facebook Instagram
- Current LVA Friend-Family Name: _____
- Campus Visit/Open House

I/We consent to allow my/our child's image to be used on the LVA social media, website and understand that no child's name or information will be disclosed. _____ Yes _____ No

Livermore Valley Academy's admissions policies shall not be influenced or affected by an applicant's race, color, sex, national origin, age, disability, or any other characteristic protected by the law. The school does not discriminate in the admission of its students in its offers of tuition assistance, nor does it discriminate among its students on the basis of religious beliefs.

I certify that all information given on all application materials is correct and complete. I understand that any omission or misinformation may result in denial of my application or dismissal from Livermore Valley Academy.

LVA Tuition Schedule:

Annual Tuition: _____ Initial: _____

Payment Options-pick one and initial:

One payment (full amount): _____ Initial: _____ Ten payments: _____ Initial: _____

I have received, read, and agree to the LVA tuition schedule. Initial: _____

Please enclose payment payable to Livermore Valley Academy for the non-refundable application/registration fee of \$350.00.

Guardian #1 Signature: _____ Date: _____

Guardian #2 Signature: _____ Date: _____

SCHOOL USE ONLY

Date Received: _____

Registration Fee: _____

Registration Fee: _____

Tuition Fee: _____

Tuition Assistance: _____

Received by: _____

Initial: _____

____ Health & Allergy Form

____ ACH

____ Emergency Card

____ Student Policies

____ Immunization Record

Registration Fee: _____

Cash, Check # _____, ACH or CC

Technology Fee: _____

Cash, Check # _____, ACH or CC

Supply Fee: _____

Cash, Check # _____, ACH or CC

IEP Admin Fee: _____

Cash, Check # _____, ACH or CC

Assessment Fee: _____

Cash, Check # _____, ACH or CC

Student Interviewed by: _____

Start Date: _____