



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):

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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: _____

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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? IEP _____ 504 _____

*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

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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: _____

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Guardian #1 Signature: _____ Date: _____

Guardian #2 Signature: _____ Date: _____

SCHOOL USE ONLY

Date Received: _____

Registration Fee: _____

Tuition Fee: _____

Tuition Assistance: _____

Received by: _____

Student Interviewed by: _____

Start Date: _____

____ Health & Allergy Form

____ ACH

____ Emergency Card

____ Student Policies

____ Immunization Record

Registration Fee: _____

Cash, Check # _____, ACH or CC

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Please Enclose a check made 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: _____

Tuition Fee: _____

Tuition Assistance: _____

Received by: _____

Student Interviewed by: _____

Start Date: _____

____ 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

Shirt Size: _____



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? IEP _____ 504 _____

*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

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