



# APPLICATION FOR ADMISSION SLINGERLAND - N / Y

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 a 504 or IEP 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                       Mailer

Campus Visit/Open House                       Advertisement

Current LVA Friend-Family Name: \_\_\_\_\_

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 for Livermore Valley Academy.

**Tuition Schedule Options:**

One payment (full amount): \_\_\_\_\_ or Ten payments: \_\_\_\_\_

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

Please Enclose a check made payable to Livermore Valley Academy for the non-refundable application/registration fee of \$\_\_\_\_\_.

Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**SCHOOL USE ONLY**

Date Received: \_\_\_\_\_

Registration Fee:

Circle: Cash or Check #\_\_\_\_, ACH or CC

Registration Fee: \_\_\_\_\_

Technology Fee:

Circle: Cash or Check #\_\_\_\_, ACH or CC

Tuition Fee: \_\_\_\_\_

Supply Fee:

Circle: Cash or Check #\_\_\_\_, ACH or CC

Tuition Assistance: \_\_\_\_\_

Assessment Fee:

Circle: Cash or Check #\_\_\_\_, ACH or CC

Student Interviewed By: \_\_\_\_\_

IEP Admin Fee:

Circle: Cash or Check #\_\_\_\_, ACH or CC

Start Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Received:

\_\_\_ Health & Allergy Form

\_\_\_ ACH/CC

\_\_\_ Emergency Card

\_\_\_ Student Policies (2)

\_\_\_ Immunization