



RE-REGISTRATION FOR ADMISSION

SLINGERLAND _____

Applying for grade ____ Fall/Spring 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: _____

*Does your child have a 504 or IEP Plan? ____ 504 ____ IEP

*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:

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: _____

NON Refundable application/registration fee of \$ _____.

Guardian #1 Signature: _____ Date: _____

Guardian #2 Signature: _____ Date: _____

SCHOOL USE ONLY

Date Received: _____

Registration Fee: _____

Cash, Check # _____, ACH or CC

Tuition Fee: _____

Tech Fee: _____

Tuition Assistance: _____

Cash, Check # _____, ACH or CC

Start Date: _____

Supply Fee: _____

Cash, Check # _____, ACH or CC

Received By: _____

IEP Admin Fee: _____

Cash, Check # _____, ACH or CC

Received:

- ___ Computer Policies
- ___ Immunization Record
- ___ Student Policies

- Received:
- ___ Health & Allergy Form
 - ___ ACH or CC Form
 - ___ Emergency Card