



Siblings: _____

Name	Age	School
Name	Age	School
Name	Age	School

Person(s) Responsible for Paying Tuition: _____

Address if different from Parent: _____

Street	City	ST	Zip
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Phone if different from Parent: _____

Home	Work or Cell
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School that Applicant Currently Attends: _____

School	Grade
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Circle the Type of Current School: Public Private Parochial PreSchool/Daycare
 Circle the Current School Grade Level: Elementary Middle School PK-8 PK-12

How Long at Current School: _____

Reason(s) For Leaving: _____

Schools Previously Attended: _____

Does your child have any special needs (i.e. medical, emotional, behavioral, learning, etc.) about which Da Vinci Academy should be aware? _____

How did you hear about Da Vinci Academy? _____

Has the applicant ever previously applied to or attended Da Vinci Academy? _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Please include the \$50 non-refundable application fee when submitting your application