





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**