

# SILICON VALLEY ACADEMY

To Inspire  
the Love of  
Learning

## Application for Admission 2009-2010 Submit with \$200 fee

1095 Dunford Way Bldg 400, Sunnyvale, CA 94087  
Phone (408) 243-9333 Fax(408) 243-4151  
www.svagroup.net

New  Re-enrollment

High School Grade (circle one): 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

### Student Information (Please print clearly)

Student's last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of birth: \_\_\_\_\_ State/Country of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone/pager: \_\_\_\_\_

#### Student lives with

Parents  Father only  
 Mother only  Other \_\_\_\_\_

Has student applied/attended SVA before?  Yes  No

Are siblings currently attending SVA?  Yes  No

Names of siblings/ grade level:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

#### Last school attended

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

State

Zip

County: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

**Parent Information: If student is not residing with both parents, proof of custody must be submitted.**

#### Father (or guardian) Please inform the school if there is any change in the information provided here.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address (if different from students): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Profession: \_\_\_\_\_ Soc. Security No: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Mother (or guardian) Please inform the school if there is any change in the information provided here.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address (if different from students): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Profession: \_\_\_\_\_ Soc. Security No: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### For Office Use ONLY:

Registration Fees \$ \_\_\_\_\_ CK# \_\_\_\_\_ Cash \$ \_\_\_\_\_

Materials Fees \$350 CK# \_\_\_\_\_ Cash \$ \_\_\_\_\_

OTHER FEES \_\_\_\_\_ Auto Tuition Payment/Post-dated ck# \_\_\_\_\_

#### For Office Use Only:

Sibling Priority: \_\_\_\_\_

Accepted/Denied/Wait List

**Other Information:**

**Race:**  White  Black, or African American  American Indian, Alaskan Native  Asian  Native Hawaiian  Other Pacific Islanders

**Ancestry:** (Refers to an individual's nationality, lineage, or country where parents were born before arriving in the United States) \_\_\_\_\_

**Language(s) Spoken**

The following questions are helpful in determining the language(s) spoken at home by students and assist us in providing meaningful instruction for all students.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. What language does your child most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home? \_\_\_\_\_

Date student first attended school in the US, grades K-12 \_\_\_\_\_

Has the student ever been enrolled in a special education program?  Yes  No

**Emergency contacts other than parents** (include 3 local contacts and *one out-of-state contact*, if possible):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

*Name:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_ *Daytime phone:* \_\_\_\_\_

*Name of State person above resides in:* \_\_\_\_\_

SVA Emergency Policy: Minor first aid will be administered by SVA staff. Parents and emergency contacts will be called for injuries/illnesses beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury. The SVA emergency policy is in effect for all students. I give my permission to any SVA staff to call 911 when needed and administer first aid in the case of an emergency.

**Parent Signature:** \_\_\_\_\_

**List in priority order, names of persons (including parents) authorized to sign child out of school, including in the case of an emergency. Photo identification is required for student pickup.**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**Medical Contacts:**

Physician name: \_\_\_\_\_ Physician phone: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Dentist phone: \_\_\_\_\_

**Parents' /Guardian's Consent:**

Yes, I give permission to SVA, to publish my child's picture on the SVA website & other school publications.

**Signature:** \_\_\_\_\_

Has this student ever had psychological testing or been screened for academic difficulties or learning disabilities?  Yes  No

Is there any other medical information or conditions SVA should be aware of? \_\_\_\_\_

I understand that I need to fulfill my 20 hours volunteer time during the year. If I do not fulfill these hours by the appointed dates, my post-dated \$300 Volunteer check will be cashed.

I affirm that all the above information to be up to date and accurate.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of parent signing above: \_\_\_\_\_