



ELEMENTARY APPLICATION

Applicant Information (attach a small photo - optional) _____

Student Name: First/Middle/Last _____

Name Called _____

Current School/School Address _____

Application for Admission to Age Level/Grade _____ Language _____ for academic year 20- /20-

Days per week _____ Male Female Date of Birth (mm/dd/yy) _____ Nationality _____

Applicant's Address

Street Address _____

City/State/Zip _____ Preferred Phone () _____

Who lives with the student at this address? Check all that apply:

Father Mother Stepfather Stepmother Other

Parents are: Check all that apply: Married Divorced Widowed Separated Other

Family Information:

 Please provide information about family with whom student resides:

Parent or Guardian: Dr. Mr. Mrs. Ms.

Parent or Guardian: Dr. Mr. Mrs. Ms.

Name in Full _____

Name in Full _____

Preferred Name _____

Preferred Name _____

Relationship to Student _____

Relationship to Student _____

Cell/Mobile Phone _____

Cell/Mobile Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Countries of Origin _____

Countries of Origin _____

Other Parent Information (Please provide information about additional households if applicable):

Name _____

Name _____

Relation to Student _____

Relation to Student _____

Address _____

Address _____

Preferred Phone _____

Preferred Phone _____



Elementary Application

Family Information:

Please give the names, current grade and current school for all siblings:

Name Current Grade Current School

Name Current Grade Current School

Name Current Grade Current School

Are any siblings currently applying to Da Vinci International School? Yes No

Why do you believe that Da Vinci International School will be a good educational environment for your child?

(A separate sheet may be attached.)

In a short paragraph, please tell us more about your child, including, strengths, weaknesses, and other characteristics.

Counseling/Testing: (if applicable)

Please list any educational evaluation administered by a clinical psychologist, psychiatrist or counselor and submit

Please submit the Application Fee of \$100 with your pre-school application

Payment Methods (Check, AMEX, VISA, MC, DISC)

Check # _____

Name on Card

Card Number

Expiration Date

Billing Zip Code

CSS Number (back 3-digit Visa/MC; front 4-digit Amex)

Signature

Date