THE ACADEMIES
CHARTER MANAGEMENT ORGANIZATION
SYCAMORE VALLEY ACADEMY
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award-winning, tuition-free, public charter schools
6832 Avenue 280 Visalia, CA 93277
(559) 622-3236 fax (559) 622-3237
office@sycamorevalleyacademy.org

California Association for the Gifted FIVE STAR GIFTED PROGRAM ★ ★ ★ ★ ★
CDE GOLD RIBBON SCHOOL
P21 Exemplar School PARTNERSHIP FOR 21st CENTURY LEARNING

Admissions Window opens 12/12/16 and closes 2/15/17 at noon.

2017-18 STUDENT APPLICATION

To be completed by SVA office staff:	
Completed Form Received:	**Date received** ____/____/____
☐ Child of founder or staff	
☐ Verified VUSD resident	**Lottery #** _____
☐ Verified attendance area (BOA only):	
Incomplete application: contacted ____/_____/201__, by _____, via _____.	

To which school(s) are you applying?

☐ **Sycamore Valley Academy only** (SVA is serving K-8 students) ☐ **Blue Oak Academy only** (BOA is serving K-2 students) ☐ **Both** (Put app in both lotteries)

Student Information

❑ Check here if this student is a sibling of a currently enrolled or SVA alumni student.
Name of currently enrolled or alumni sibling:_____

Legal Name _____ Sex_____
Last First Middle

Home Address_____
Street City State Zip Code

Primary Phone ( )_____ Current School_____

Public School of Residence_____District of Residence_____
(Neighborhood public school to which you would be assigned, assuming no inter-District transfers.)

Age_____ Date of Birth_____ Grade student will enter in the fall of 2017 _____
mm/dd/yyyy

Sibling Information

Please include below only those siblings who are also applying for a new seat at SVA or BOA in 2017-18.
Remember that a separate application form must be completed for each child applying to SVA or BOA.

Sibling Name_____ Grade in 17/18____
Last First Middle

Sibling Name_____ Grade in 17/18____
Last First Middle

Sibling Name_____ Grade in 17/18____
Last First Middle

Parent/Legal Guardian Information

Legal Name _____
Last First Middle

Home Address_____
Street City State Zip Code

Home Phone ( )_____ Cell Phone ( )_____

Primary Email_____ Secondary Email_____

***Please note** you will receive notification of admissions status at the primary email address above within one week of the lottery event. You may also check status by phone.*

VUSD residents only: submit two forms of residence proof with this form to enjoy lottery preference.

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Acelerando el Contenido Académico en un Ambiente Enriquecedor
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Fecha de matrícula el 12 de deciembre al 15 de febrero al mediodía.

2017-18
FORMULARIO DE SOLICITUD DEL ESTUDIANTE

To be completed by SVA office staff:	
Completed Form Received:	**Date received** ____/____/____
☐ Child of founder or staff	
☐ Verified VUSD resident	**Lottery #** _____
☐ Verified attendance area (BOA only):	
Incomplete application: contacted ____/_____/201__, by _____, via _____.	

¿A qué escuela(es) estás aplicando?

☐ **Sycamore Valley Academy solamente** (SVA está sirviendo a estudiantes de K-8)
☐ **Blue Oak Academy solamente** (BOA está sirviendo a estudiantes de K-2)
☐ **Ambas** (Poner aplicación en las dos loterías)

Información del Estudiante

❑ Este estudiante es hermano de uno inscrito actualmente o de un ex-alumno de SVA.
Nombre del inscrito actualmente o del ex alumno:_____

Nombre Legal _____ Sexo_____
Apellido Nombre Segundo nombre

Domicilio _____
Calle Ciudad Estado Código Postal

Teléfono Principal ( )_____ Escuela actual_____

Escuela Pública de Residencia_____ Distrito Escolar de Residencia_____

Edad_____ Fecha de nacimento_____ Grado cuando comiense SVA en 2017-18_____
mm/dd/aaaa

Información sobre los Hermanos

Por favor solamente incluya a los hermanos que también aplicaron para SVA en 2017-18. Recuerde que una solicitud por cada niño debe ser completada y entregada a SVA o BOA.

Nombre del hermano_____Grado en 17/18____
Apellido Nombre Segundo nombre

Nombre del hermano_____Grado en 17/18____
Apellido Nombre Segundo nombre

Nombre del hermano_____Grado en 17/18____
Apellido Nombre Segundo nombre

Información de Padre(s) Legal / Representante Legal

Nombre Legal _____
Apellido Nombre Segundo nombre

Domicilio _____
Calle Ciudad Estado Código postal

Teléfono de casa ( )_____ Celular ( )_____

Email Primario _____ Email Secundario_____

Residentes de VUSD solamente: Proveerán dos formas de prueba de residencia con esta solicitud.