



The da Vinci Institute
 559 Murphy Dr.
 Jackson, Michigan 49202
 (517) 780-9980
 Fax (517) 780-9747

APPLICATION FOR ENROLLMENT
 PRIMARY SCHOOL

Demographics

STUDENT NAME _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ AGE _____ SOCIAL SECURITY NUMBER _____

STUDENT RESIDES WITH _____

MOTHER'S NAME _____ FATHERS NAME _____

PAGER/CELL PHONE _____ PAGER/CELLPHONE _____

EMAIL _____ EMAIL _____

LAST SCHOOL ATTENDED _____ LAST DATE AT SCHOOL _____

WHAT GRADE WOULD YOUR CHILD BE IN? _____ WILL THIS BE A REPEAT GRADE? _____

HAS YOUR CHILD EVER BEEN LONG TERM SUSPENDED, OR EXPELLED FROM THIS SCHOOL? YES NO

Does your child receive any Special Ed. Services? _____ If yes, explain _____

Date of your last IEP _____ Your child's certification is _____

Please complete and submit the following and include with this application. In order for your child's application to be considered it needs to include the following:

1. **On a separate sheet, up to one page in length, state the reasons why you want your child to participate in da Vinci's program. Your child may also write their own letter (recommended).**
2. **A copy of your child's birth certificate.**
3. **A copy of your child's immunization records. All records must be current and up to date. (This includes all booster shots, Hep B and Varicella.) Please check with physician to ensure all immunizations are current.**

My child has my permission to attend The da Vinci Institute. Transportation will be arranged for or provided by me to the school. I agree to constructively support my student and The da Vinci Institute. I understand that if da Vinci has more applications than it has openings a lottery will be conducted. My child agrees to attend and actively participate every day, taking responsibility for his own learning. My child agrees to be reasonable, responsible, and respectful in all activities associated with The da Vinci Institute.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



PARENT AND STUDENT CONSENTS

I understand that The da Vinci Institute will sponsor a variety of field trips throughout Jackson and the surrounding area. A Bus or adult driven vehicles will provide transportation.

I hereby grant permission for my child _____, to participate in school sponsored field trips or activities.

SIGNATURE: _____
Parent or Guardian

DATE: _____

I understand that the da Vinci Institute also participates in many activities and community outings that make for wonderful and exciting photo and interview opportunities.

I hereby grant permission for my child _____, to participate in photos and interviews taken for the purpose of personal use at the school, newspaper or yearbook photos/ interviews as well as the da Vinci Institute web site. All pictures and interviews will be taken with discretion and decency to protect those included.

SIGNATURE: _____
Parent or Guardian

DATE: _____