

Application for Enrollment

The da Vinci High School
2255 Emmons Road, Jackson, MI 49201
Phone: 517-796-0031 Fax: 517-796-0320

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SOCIAL SECURITY NO. _____

PARENT(S) NAME(S) _____

PARENT(S) DAY PHONE(S) _____

PARENT(S) CELL PHONE(S) _____

BIRTH DATE _____ AGE _____ LAST GRADE COMPLETED _____

DO YOU HAVE SIBLING(S) CURRENTLY ENROLLED AT da VINCI:
YES _____ NO _____ If yes, Names/Level _____

LAST SCHOOL ATTENDED _____ LAST DATE AT SCHOOL _____

HAVE YOU EVER BEEN EXPELLED? YES ___ NO ___ IF YES, DATE/SCHOOL: _____

HAVE YOU EVER RECEIVED SPECIAL EDUCATION SERVICES? YES _____ NO _____

HOW DID YOU LEARN OF da VINCI? _____

Please complete and submit the following AS ATTACHMENTS with your application. In order for your 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 to participate in da Vinci's program.
2. A copy of your birth certificate.
3. A copy of your immunization records. **All records must be current and up to date. This includes all boosters.** Please check with your physician to ensure all immunizations are current.
4. A copy of your transcript of current report card.

Please consider my application in this tuition free, public charter school. I agree to attend and actively participate every day taking responsibility for my own learning. I understand that attendance is the single most important factor in school success. **I agree to be Reasonable, Respectful and Responsible in all activities associated with The da Vinci Secondary School.** I understand that transportation is my responsibility. If da Vinci has more applications than openings during open enrollment, I understand a lottery will be conducted.

Student Signature _____ Date _____

I understand that attendance is the single most important factor in school success, and I will encourage my student to attend school every day. I agree to constructively support my student at The da Vinci Secondary School. I agree to be **Reasonable, Respectful and Responsible in all activities associated with The da Vinci Secondary School.**

Parent Signature _____ Date _____