

Student Application

Applying for School Year:	<u> </u>	**Applying for Grade:	
Student Name:	First		 Middle
Address:		Δnt #	
City:	State:	Zip Code:	
Home Phone:			
Parent Names:			
Email Address:			
Siblings applying for and/or attending DaVinci Academy: (Due to sibling enrollment preference required by Minn. Stat. §124.D10 Subd. 9, DaVinci Academy asks that you identify siblings who are currently applying for admission at DaVinci Academy or are currently enrolled at DaVinci Academy).			
Name:		Gr:	
Name:		Gr:	
**Student will have completed the immediately preceding grade level prior to the applying school year referenced above. Student applying for kindergarten must be 5 years old prior to September 1 of starting school year.			
Notice: Applicant understands that providing inaccurate information in connection with the application to DaVinci Academy disqualifies the applicant from enrolling in DaVinci Academy.			
The DaVinci Academy of Arts and Science admits students of any race, color, sex, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, sex, national or ethnic origin in administration of our educational policies, admissions policies, scholarship and loan programs and athletic and other school administered programs.			
For Office Use Only Date Student Application Received		Grade	

Date put on Waiting List and Number_____

Date Student Enrolled _____