



Discovery School of Innovation Application for Admission

Application Process Instructions:

1. Please download, fill out and email this form to admissions@discoverysi.org
2. You will be contacted by a member of our admissions staff to set up a student interview/evaluation. You will be asked to pay the \$100 non-refundable application fee.
3. Submit a report card from your child's current school (not necessary for Kindergarten applicants).
4. Request that your child's teacher submit the teacher recommendation form (form provided below) to admissions@discoverysi.org prior to your child's admission interview (Also not necessary for Kindergarten applicants).

Part I. Student Information

Child's Last Name:	Child's First Name:
Date of Birth: (mm/dd/yyyy)	Gender:
Grade Applying:	Race: White Black or African American American Indian Asian Hispanic Other _____
Nationality:	Language Spoken at Home: Other Languages Spoken:
Last School Attended: (Name,Location)	Previous Countries or Cities of Residence:
Has your child been evaluated for or received any support services? (Special Education Services, Learning Support, Speech/Language, Counseling/Psychological Treatment, Gifted and Talented) If so, please explain.	Has your child been asked to leave a school for disciplinary reasons? If so, please explain.

<p>Has your child advanced or repeated a grade? If so, please explain.</p>	<p>What are your child's special interests, talents, and hobbies?</p>
<p>Names and ages of siblings:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Part II. Parent/Guardian Information

<p>Parent 1 Last Name:</p>	<p>Parent 1 First Name:</p>
<p>Parent 1's Email:</p>	<p>Parent 1's Cell Phone:</p> <p>Alternate Phone: (Circle one: Work/Home)</p>
<p>Parent 1's Address:</p>	<p>Parent 1's Employer and Occupation:</p>

Parent 2's Last Name:	Parent 2's First Name:
Parent 2's Email:	Parent 2's Cell Phone: Alternate Phone: (Circle one: Work/Home)
Parent 2's Address:	Parent 2's Employer and Occupation:

Please circle one: Parents are married, separated, or divorced.

If separated or divorced, please specify custodial arrangements below.

Are your child's siblings also applying to the Discovery School of Innovation at this time?
(Circle) Yes/No If Yes, list their names here:

How did you hear about the Discovery School of Innovation?

Are you interested in volunteering at our school? (Circle) Yes/No

What special interests/skills do you have?

Is tuition sponsored by your employer? (Circle) Yes/No

Acknowledgement: The decision for each child's admission and placement is made by our admissions staff after careful review of all information provided. It is essential that you provide ALL of the information requested so that we may be sure that we can meet the needs of your child. The Discovery School of Innovation reserves the right to exercise discretion on age entry criteria, and to exclude children whose behavior or educational needs cannot be met by the school. Applications will be assessed upon receipt of all required documentation and completion of the student interview. Parents will be notified about our admissions decision in writing.

Parent(s): Please sign and date below.

I hereby acknowledge that the information contained herein this application is true and correct to the best of my knowledge.

Parent/Guardian's Name(Print)_____

Parent/Guardian's Signature_____ Date_____



Discovery School of Innovation

Teacher Recommendation Form

Date: _____

Student's Name: _____

Student's Current Grade Level: _____

Teacher's Name _____

Teacher's email _____ Contact Phone Number _____

How long have you known this student? What subject(s) do you teach? _____

Teachers: Please complete the information requested below. Do not return to the parent or student. This information is confidential and should be emailed directly to admissions@discoverysi.org by the following date: _____ Please submit this form from your work email. Thank you.

Please make any additional comments below: (If this student is not meeting grade level expectations in any area as indicated on the next page, please add further information here.)

Teacher Recommendation Form (Page 2)

Please check **Approaching**, **On Grade Level**, or **Exceeding** for each category:

Subject	Approaching Grade Level Expectations	On Grade Level Expectations	Exceeding Grade Level Expectations
Reading			
Writing			
Math			

Behavior	Approaching Age Expectations	Age Appropriate Expectations	Exceeding Age Appropriate Expectations
Respects others			
Ability to work in a group			
Ability to work independently			
Motivation to learn			
Emotional control			
Ability to complete tasks			
Ability to remain focused on a task			
Ability to seek help when needed			
Work habits, organization			
Willingness to help others			

Teacher's Signature _____

Date _____