

Seven Valleys
New Tech Academy

Learner Application for September 2017 APPLICATION DEADLINE: May 1, 2017

This section should be completed by the School Counselor.

Please be certain all three requirements listed below are addressed before submitting the application. Please check off each requirement and include the requested information.

- Learner must complete the application form and submit the completed form to the school counselor.
- Learner must meet with his/her school counselor to discuss their application.

This section should be completed by the Learner and Parent/Guardian.

Please submit completed and signed application to the school counselor in the district of residence.

Please Type or Print Neath	У						
Learner's Name:				Gender: M F	Learner's Birth Date:	/	/
Last	Fi	irst	MI			Month Day	Year
Learner's Current School c	of Attendance: _				Grade:		
Learner's Current School E	District of Reside	ence:					
Parent/Guardian Name:							
Address:							
Home #:	Work #:			Cell #:			
E-mail Address							
Parent/Guardian Name: _							
Address:							
Home #:	Work # :			Cell #			
E-mail Address:							
(Optional) Please check an Learner receives or is el Learner receives service Learner receives service	igible for free or es as part of a 50	r reduced lund 04 plan.		m.			
The Onondaga-Cortland-Madiso Education Act Amendment of 19 the provisions of these acts to the under any educational program	972, and section 504 he end that no pers	4 of the Rehabilition shall be exclu	tation Act o ded from p	f 1973 and other sta articipation, be den	atutes hereby affirms its ini ied benefits of, or be subje	tention to com	ply with

To be completed by the parent/guardian:					
Why do you think your child will benefit from this educational setting:					
To be completed by the learner:					
Please tell us about:					
Your strengths:					
Your areas of interest related to your future goals:					
What you hope to accomplish as a learner at Seven Valleys New Tech Academy:					
· · · ·					
Signed:					
Authorized District Personnel Only					
Print: Email Address:					
Principal's Name					
Signed: Date: Date:					