





**To be completed by the parent/guardian:**

Why do you think your child will benefit from Project Based Learning and how do you think they can be successful in an environment where they are required to be independent learners?

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**To be completed by the learner:**

Please tell us about your strengths as they relate to academics.

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Please tell us about your strengths as they relate to responsibility.

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What do you hope to accomplish as a learner at Seven Valleys New Tech Academy?

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date : \_\_\_\_\_  
Parent's/Guardian's Signature Learner's Signature

**Authorized District Personnel Only**

Print: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Principal's Name