



2019/2020

APPLICATION FOR ADMISSION

13032 Bitney Springs Rd, Nevada City, CA 95959

Phone: 530-273-7736 • Fax: 530-273-1378 • Website: www.ncsota.org

Applying For:

Student applying for _____ Grade in 2019/2020

Sibling applying?* Yes No Sibling's Grade _____

*Please provide a separate application for each child applying

Child's Name: _____ Date of Application: _____

Birth Date: _____ M F

Siblings Names: 1. _____ Grade level _____ Attending _____ (school)
2. _____ Grade level _____ Attending _____ (school)
3. _____ Grade level _____ Attending _____ (school)

Parent/Guardian: _____

Address: _____ City/St/Zip _____

Phone (H): _____ Phone (W/C): _____ Child lives with _____ % of time

E-Mail: _____ *(will be used in tandem with telephone for notification of an opening in which the parent has 2 days to respond).*

Parent/Guardian: _____

Address: _____ City/St/Zip _____

Phone (H): _____ Phone (W/C): _____ Child lives with _____ % of time

E-Mail: _____ *(will be used in tandem with telephone for notification of an opening in which the parent has 2 days to respond).*

Current School of Attendance: _____

Why are you applying to Nevada City School of the Arts?: _____

What are your child's unique needs and interests?: _____

Please check the one that applies:

My child **does** have a current IEP (Individualized Education Program)

My child **does not** have a current IEP (Individualized Education Program)

**If he/she does have an IEP, under what type of eligibility? _____

In which of the following programs of special services has your child participated in the last 3 years?

- Specific Learning Disability Counseling Title 1 Reading Support Adaptive PE SST
 Occupational Therapy Speech & Language Vision Services 504

Does your child have any other special learning, social or emotional needs for which a school should be aware or plan accommodations? (Please explain): _____

Does your child have any unique health needs or allergies? (Please explain): _____

Does your child take daily medication? _____ If so, what? _____
(Any medications which must be given at school will require written permission from a physician or nurse practitioner)

Where did you hear about the school?

- friend(s) relative newspaper ad newspaper article brochure facebook
 community event: _____ Other: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(Both parents must sign this form in cases of shared custody)

School use only:

Date Received: _____ Applying for _____ (Grade) in _____ (year)

Date of Tour: _____ Director Interview _____ Classroom visit _____

Priority Application:

- Sibling Attending Staff Child Alumni sibling/child Bell Hill Nev. County Res. All Other

Date of Lottery: _____ **Lottery #:** _____ **Lottery Position:** _____

Date offered slot: _____ **Date accepted/declined:** _____ **No Response:** _____

Notes: