



2011/2012 INTENT TO ENROLL FORM

Parent(s) Contact Name: _____

Daytime Phone:() _____ Evening Phone:() _____

Mobile Phone: () _____ Mobile Phone: _____

E-mails _____

Physical Address: (street address) _____

City _____ Zip Code _____

Mailing Address if (Different than above) _____

City _____ Zip Code _____

How did you hear about Santa Clarita Valley International? _____

I understand that Santa Clarita Valley International is a School of Choice and believe that the school's vision and educational program will be a good match for my student and our family. I will support and adhere to the school's policies and procedures; and understand that failure to do so may result in forfeiture of my child's enrollment. I will actively participate in my child's education at home and at school. I understand that enrollment is contingent on the Family Lottery and subsequent submission of a completed enrollment packet. I understand that incomplete or false statements may disqualify me from enrollment at Santa Clarita Valley International. Additionally, I have read and understand the information sheet detailing SCVi's policies: (Please initial all, showing that you have read and understand.) all of the policies can be found on our website at www.scvcharterschool.org.

_____ Educational Philosophy (found on parent information sheet)

_____ Discipline Policy (found on parent information sheet)

_____ Parent Participation Plan (found on parent information sheet)

_____ I understand that if my child is enrolled at SCVi, I will need to attend the mandatory Parent Orientation Meeting (date to be determined).

_____ If I do not attend the mandatory Parent Orientation Meeting, I will forfeit my child's enrollment at SCVi. (Initial that you have read and understand these rules as a condition of your child's enrollment.)

X _____ Date _____

Signature _____ Date _____

I would like to enroll the following student: (Please submit one application per child you are intending to enroll.)

Students Full Name: _____ Birth Date: _____

Male ___ Female ___ Grade in Fall 2011: _____

School Currently Attending: _____ Public ___ Private ___

District of Residence: _____ Neighborhood School : _____

Siblings not attending SCVi(1) _____ grade _____, (2) _____ grade _____

Siblings attending SCVi(1) _____ grade _____, (2) _____ grade _____

Are you submitting separate applications at this time for any other siblings: Yes _____ No _____

Names and grades of additional siblings: _____, _____, _____

Does your child have an active IEP? No ___ Yes ___ Specify Reason for IEP: _____

Please return completed. An incomplete form will not be processed
Applications can be dropped off at 28060 Hasley Canyon Rd., Castaic, CA 91384 between 8:00 am and 4:00 pm.