



Year Round Program Application

9W 41st Ave, San Mateo, CA 94403

650.318.7969 www.ednovaacademy.com

STUDENT APPLICATION SCHOOL YEAR: _____

EDNova Academy will be admitting students from grade 5-12. Submitting an application to EDNova Academy does not guarantee admission. If you have more than one child who would like to be considered admission to our Academy, each child has to complete a separate application.

STUDENT NAME: _____

DATE OF BIRTH: _____

STUDENT ADDRESS: _____

GRADE LEVEL AS OF SEPTEMBER 2016: _____

FAVORITE SUBJECT: _____

SCHOOL DISTRICT: _____

SCHOOL NAME: _____

<input type="checkbox"/> Check this box if student is home schooled.
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Refer to our Year Round schedule on our website at www.ednovaacademy.com, list all the Programs and Courses in which your student would like to apply for admission:

Program Name*	Course Name	Date and Time
Example: Math for the Gifted & Talented	Geometry	Tu, Th 4:15 pm – 5:30 pm

*All students who are applying for admission to our Math Programs must take a Math placement test to determine eligibility. Once we received your application, we will contact you to schedule an appointment for the placement test.

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PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Check this box if address is same as student.

RELATIONSHIP TO STUDENT: _____

GUARDIAN EMAIL: _____ CELL NUMBER: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Check this box if address is same as student.

RELATIONSHIP TO STUDENT: _____

GUARDIAN EMAIL: _____ CELL NUMBER: _____

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PRINT): _____

EMAIL COMPLETED FORM TO: admission@ednovaacademy.com

If you have any additional question, please feel free to contact us at 650.318.7969 or visit our website at <http://www.ednovaacademy.com>

THANK YOU FOR YOUR INTEREST IN OUR PROGRAMS!