



Accelerating Academics in an Enriching Environment
 sycamorevalleyacademy.org | blueoakacademy.org | theacademiescharters.org
 award-winning, tuition-free, public charter schools

Sycamore Valley Academy
 6832 Avenue 280 Visalia, CA 93277
 (559) 622-3236 fax (559) 622-3237
office@sycamorevalleyacademy.org

Blue Oak Academy
 28050 Road 148 Visalia, CA 93292
 (559) 730-7422 fax (559) 735-8128
office@blueoakacademy.org

Please note: The Academies will be offering Transitional Kindergarten for the 2021-2022 school year for students who turn 5 years of age between September 2 and December 2.

Admissions Window
 opens 12/11/20 and closes
 3/2/21 at noon.

STUDENT APPLICATION for the 2021- 22 School Year

<i>To be completed by office staff:</i>		
Completed Form Received:		Date & Time received ___/___/___ at ___:___
<input type="checkbox"/>	Child of founder, board member, or staff	Lottery # _____
<input type="checkbox"/>	Verified VUSD resident	
<input type="checkbox"/>	Verified attendance area (BOA only):	
Incomplete application: contacted ___/___/201___, by _____, via _____.		

How did you hear about us? _____

To which school(s) are you applying?

- Sycamore Valley Academy only** (SVA is serving TK-8 students)
 Blue Oak Academy only (BOA is serving TK-6 students)
 Both (Put app in both lotteries)

Student Information

Legal Name _____
Last First Middle

Age _____ Date of Birth _____ Gender _____
(mm/dd/yyyy) (male, female or non-binary)

Home Address _____
Street City State Zip Code

Current School _____ Grade student will enter in the fall of 2021 _____

Neighborhood School _____ District of Residence _____
(Neighborhood public school to which you would be assigned, assuming no inter-District transfers.)

- Check here to be added to the current 2020-21 waitlist.
 Does this student have a SIBLING that is CURRENTLY enrolled or has GRADUATED from BOA/SVA?
 Name of currently enrolled/graduated sibling: _____

Parent/Legal Guardian Information

Legal Name _____
Last First Middle

- Is home address the same as potential student?
 Home Address if different than student: _____
Street City State Zip Code

Phone () _____ Secondary Phone () _____

Primary Email _____ Secondary Email _____

VUSD only: submit two forms of residence proof with this form to enjoy lottery preference.

Please note you will receive notification of admissions status at the primary email address above within one week of the lottery event. You may also check status by phone.



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Tenga en cuenta: The Academies ofrecerán Kindergarten de transición para el año escolar 2021-2021 para estudiantes que cumplan 5 años entre el 2 de septiembre y el 2 de diciembre.

**FORMULARIO DE SOLICITUD
 DEL ESTUDIANTE
 2021- 22**

Fecha de matrícula el 11 de Diciembre al 2 de Marzo al mediodía.

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Completed Form Received:	Date & Time received ___/___/___ at ___:___
Child of founder, board member, or staff	Lottery # _____
Verified VUSD resident	
Verified attendance area (BOA only):	
Incomplete application: contacted ___/___/201___, by _____, via _____.	

¿Como supiste de nosotros? _____

¿A qué escuela(es) estás aplicando?

- Sycamore Valley Academy solamente** **Blue Oak Academy solamente** **Ambas**
 (SVA está sirviendo a estudiantes de TK-8) (BOA está sirviendo a estudiantes de TK-6) (Poner aplicación en las dos loterías)

Información del Estudiante

Nombre Legal: _____
Apellido Nombre Segundo Nombre

Años _____ Fecha de Nacimiento: _____ Género: _____
(mm/dd/yyyy) (Hembra, Masculino o No Binario)

Domicilio _____
Calle Ciudad Estado Código Postal

Escuela actual _____ Grado cuando comiense escuela en 2020 _____

Escuela Pública de Residencia: _____ Distrito Escolar de Residencia: _____
(Escuela pública de vecindario a la que se le asignaría, suponiendo que no se realizan transferencias entre distritos.)

- Marque aquí para agregarse a la lista de espera de 2020-21.
 ¿Este estudiante tiene un HERMANOS que está inscrito ACTUALMENTE o se ha GRADUADO de BOA / SVA?
 Nombre del hermanos actualmente matriculado / graduado: _____

Información de Padre(s) Legal / Representante Legal

Nombre Legal _____
Apellido Nombre Segundo Nombre

- La dirección de la casa es la misma que la del estudiante potencial
 Dirección de casa si es diferente a la del estudiante _____
Street City State Zip Code

Teléfono Principal () _____ Teléfono Secundario:() _____

Correo Electrónico Primario: _____

Correo Electrónico Secundario: _____

VUSD onle VUSD solamente: Proveerán dos formas de prueba de residencia con esta solicitud.

Tenga en cuenta que recibirá una notificación del estado de admisión en la dirección de correo electrónico principal mencionada anteriormente dentro de una semana del