



# Shenandoah Valley Community School

## Application for admission

Date of application \_\_\_\_\_ For school year 20\_\_ - 20\_\_

### Student Information

Child's full name \_\_\_\_\_

Preferred name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Race (*optional; used for diversity statistics only*) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

### Parent/Guardian Information

Mother's name \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Place of employment \_\_\_\_\_ Title \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

Father's name \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Place of employment \_\_\_\_\_ Title \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

Who has legal custody of the child?  Both parents  Mother  Father  Other \_\_\_\_\_



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### Health Information

Please list the child's allergies, if any: \_\_\_\_\_

Is there anything else we should know about your child? (Attach additional sheets if needed.)

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### Enrollment

I wish to enroll (check one):  5 days/wk  4 days/wk\*  3 days/wk\*  2 days/wk\*  1 day/wk\*

\*Students must be registered as homeschoolers or under 6 years of age. Enrollment priority is given to 5-day students.

*Shenandoah Valley Community School welcomes all people. We do not discriminate on the basis of race, color, sexual orientation, gender, religion, disability, political affiliation, family structure, or national or ethnic origins.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*A non-refundable application fee of \$25 is due with this application; make checks payable to SVCS. Please mail application and payment to:*

*Shenandoah Valley Community School  
4101 Rawley Pike  
Harrisonburg, VA 22801*

*If your child is accepted for admission, you will need to provide the following prior to enrollment (forms will be sent by the school):*

*Copy of birth certificate  
Proof of immunization or exemption  
Emergency contact form  
Photo permission form*