



**MARBLE VALLEY**  
A C A D E M Y

5005 Hillsdale Circle • El Dorado Hills, CA • 95762  
916-933-5122 • www.mva-edh.org

Office Use Only		
Application Fee \$100 /child	_____	
Date _____	Check # _____	
Book Fee _____		
AMOUNT	DATE	CHECK #
_____	_____	_____
Office Initials _____		

## ENROLLMENT APPLICATION

<b>Student Name #1:</b> _____ <b>Fall 2018 Grade</b> _____ FIRST MIDDLE LAST <b>Date of Birth:</b> _____ <b>Gender:</b> M F	<b>PRIMARY ADDRESS</b>  STREET _____  CITY _____  STATE _____  ZIP _____  HOME PHONE _____
<b>Student Name #2:</b> _____ <b>Fall 2018 Grade</b> _____ FIRST MIDDLE LAST <b>Date of Birth:</b> _____ <b>Gender:</b> M F	
<b>Student Name #3:</b> _____ <b>Fall 2018 Grade</b> _____ FIRST MIDDLE LAST <b>Date of Birth:</b> _____ <b>Gender:</b> M F	
<b>Student Name #4:</b> _____ <b>Fall 2018 Grade</b> _____ FIRST MIDDLE LAST <b>Date of Birth:</b> _____ <b>Gender:</b> M F	
<b>SCHOOL LAST ATTENDED (If Applicable)</b> _____	
<b>*** If applying for Preschool, please indicate:</b> <b>MONDAYS TUESDAYS WEDNESDAYS THURSDAYS FRIDAYS</b>	
<b>Morning Session (8:30-11:30) Afternoon Session (12:00-3:00) All Day Session (8:30-3:00)</b>	
Has your child or children ever been evaluated for educational services?  YES* NO	
<small>*If yes, please provide additional documentation regarding the results of the evaluation.</small>	

## HOME INFORMATION

MOTHER INFORMATION	FATHER INFORMATION	EMERGERNCY CONTACTS
FIRST LAST	FIRST LAST	CONTACT PERSON 1
STREET	STREET	RELATIONSHIP
CITY STATE ZIP	CITY STATE ZIP	PHONE
HOME PHONE	HOME PHONE	CONTACT PERSON 2
WORK PHONE	WORK PHONE	RELATIONSHIP
MOBILE PHONE	MOBILE PHONE	PHONE
E-Mail	E-Mail	DOCTOR
EMPLOYER	EMPLOYER	PHONE
POSITION	POSITION	HEALTH CONCERNS

# IMMUNIZATION

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or childcare. Most children require booster shots before starting Kindergarten and at the entry to 7<sup>th</sup> grade. Parents must provide proof of immunizations prior to being accepted. Your child may be exempt from some or all immunizations ONLY by a doctor and ONLY for medical reasons. You must provide Marble Valley Academy with an exemption signed by your child's doctor. The personal or religious belief exemption from immunizations no longer exists in California by state law. Children cannot by law be admitted to class without an up-to-date immunization record or signed exemptions on file in the school office.

# APPLICATION FOR ENROLLMENT

Marble Valley Academy admits students of any race, religion, color or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to student that the school. Marble Valley Academy does not discriminate on the basis of race, religion, color, or national and ethnic origin in the administration of its educational policies, scholarships, loan programs, athletic or other school administered programs. A non-refundable fee of \$100 is due with this application.

**Initial Here:** \_\_\_\_\_

Please Print & Initial – electronic initials not acceptable

Upon receipt of an official acceptance letter, sent at a later date, a non-refundable Book and Supply Fee is due and payable (please see Tuition Schedule for amount, as it varies by grade).

**Initial Here:** \_\_\_\_\_

Please Print & Initial – electronic initials not acceptable

By signing below, I acknowledge that I have carefully reviewed the information contain herein and that the information provided is true and accurate. Furthermore, I understand that enrollment at Marble Valley Academy signifies a willingness to abide by the standards of the parent non-profit foundation. I also acknowledge that Marble Valley Academy administration reserves the right to end enrolment at their discretion if they deem that any behavior or action made by student or parent warrants termination of enrollment

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please Print – electronic signature not acceptable