

33 Greta Street
Thousand Oaks, CA 91360
(805) 496-0286



ADMISSION APPLICATION

SCHOOL YEAR: 20 ____ - 20 ____

Student Information:			
Name (Last, First) (preferred name)			
Date of Birth		Student Email	
Pronouns		Current Grade Level	
Student ID#		Student Phone Number	
Home Address			

Guardian 1 Information:			
Name (Last, First)		Relationship to Student	
Cell Phone Number		Email	
Work Phone Number		Home Phone Number	
Home Address			
<i>What is your preferred method of contact?</i> ☐ phone call ☐ email ☐ text message			

Guardian 2 Information:			
Name (Last, First)		Relationship to Student	
Cell Phone Number		Email	
Work Phone Number		Home Phone Number	
Home Address			
<i>What is your preferred method of contact?</i> ☐ phone call ☐ email ☐ text message			

Student Information:		
For office use:		
Date of Application:	Admission Status:	
Processing Administrator:	Start Date:	Advisor:

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Last School Attended		
Dates of Attendance		Credits Earned:
Does your student live outside of CVUSD boundary? ☐ YES ☐ NO If YES , a completed inter-district transfer application must be submitted and attached to this application. Applications without this completed application will not be considered. The application is available HERE and must be submitted with the signed approval of both the district of residence and CVUSD Instructional Services.		
Does your student receive 504 services at their current school? ☐ YES ☐ NO If YES , a complete copy of the student's most recent Section 504 Plan, including signature/consent pages, must be submitted with this application.		
Does your student have an IEP at their current school? ☐ YES ☐ NO If Yes , a complete copy of the student's most recent IEP, including signature/consent pages, must be submitted with this application.		
Has your student ever had an IEP?	☐ YES	☐ NO
Is your student designated as an English Learner?	☐ YES	☐ NO
Has your student missed more than 2 weeks of school in the last year?	☐ YES	☐ NO
Does your student have access to a computer at home?	☐ YES	☐ NO
Does your student have internet access at home?	☐ YES	☐ NO
Does your student have access to a printer at home?	☐ YES	☐ NO
Is your student interested in playing a sport with their home school?	☐ YES	☐ NO
Does your student work well independently?	☐ YES	☐ NO
Does your student have any experience with online curriculum?	☐ YES	☐ NO

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Student Question:

What brings you to Century Academy?

What are some anticipated challenges related to working independently?

How might you schedule your day or keep yourself accountable

What are your commitments and/or interests outside of school?

What are your educational goals?

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Parent Questions:

What are your expectations and hopes for your child's high school career and post-secondary experience?

Century Academy thrives when parents, students, and faculty work together. What role do you see yourself playing in supporting your student's success in this independent learning model?

Century Academy students are expected to spend approximately 30 hours a week working on their academics. What time demands may interfere with your child's ability to allocate enough time for school?

Describe a time when your child was successful working independently?

Please share any additional information you would like us to consider about your student in the space below:

I certify that, to the best of my knowledge, the information and documents provided with this application are true, complete, accurate, and current. I understand that Century Academy and CVUSD may rely upon this information in reviewing the application. I understand that materially false, misleading, incomplete, or omitted information, including failure to provide required current educational records, may result in the application being deemed incomplete and may result in reconsideration or rescission of an acceptance.

Parent signature

Date

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