

Date Application Received \_\_\_\_\_

# NOVA Independent Study

720 Diablo Avenue • Novato, CA 94947  
415.897.7653 • fax 415.898.3910 • http://www.novanusd.org

## APPLICATION

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (H) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (C) \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

CURRENT GRADE IN SCHOOL \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

*Your application must include the following in order to be accepted:*

- HIGH SCHOOL STUDENTS: Attach a transcript, test scores, attendance, IEP amendment if applicable, CELDT level if applicable, and have your school counselor or administrator sign below
- K-8 STUDENTS: Attach test scores, attendance, the most recent report card, IEP amendment if applicable, CELDT level if applicable, and have your school dean or administrator sign below

\_\_\_\_\_  
School Counselor, Dean, or Administrator's signature

\_\_\_\_\_  
Date

*Why do you want to attend NOVA? (Use back if needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What are your special interests, hobbies, and talents?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Are you in a specialized program? (Circle)*      *MSA*      *STEM*

*Are you requesting co-enrollment at your current school? (Circle)*      *YES*      *NO*

*Are you currently or have you ever been identified as a special ed student? (Circle)*      *YES*      *NO*

- In order to be eligible for attendance at NOVA a special education student must have an amendment to their IEP that indicates independent study is recommended

*For NOVA Office Use Only*

Interdistrict Transfer Received (date) \_\_\_\_\_

Teacher Placement \_\_\_\_\_ Co-enrolled Y N \_\_\_\_\_