



To be completed by the parent/guardian:

Why do you think your child will benefit from this educational setting:

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To be completed by the learner:

Please tell us about:

Your strengths:

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Your areas of interest related to your future goals:

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What you hope to accomplish as a learner at Seven Valleys New Tech Academy:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date : \_\_\_\_\_  
Parent's/Guardian's Signature Learner's Signature

**Authorized District Personnel Only**

Print: \_\_\_\_\_ Email Address: \_\_\_\_\_

Principal's Name