



# Dove Science Academy

*Discover Your Future*

280 South Memorial Dr,  
Tulsa, OK 74112

Tel: (918) 834-3936  
Fax: (918) 834-3352

Web: www.dsatulsa.org  
Email: dsatulsa@dsatulsa.org

## APPLICATION FORM FOR 2010-2011 ACADEMIC YEAR

**FOR OFFICE USE ONLY** Date: \_\_\_\_\_ Registration #: \_\_\_\_\_

DEAR PARENTS AND APPLICANT:

*Thank you for your interest in DOVE SCIENCE ACADEMY. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Applications received unsigned, incomplete, or after the closing date may not be considered for acceptance. All documents submitted will become property of DSA. Please either **type** or **print** clearly using black ink.*

**Applicant's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Student ID Number:** (Six digit ID #, required for TPS students) \_\_\_\_\_

**Applicant's date of birth:** (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:**  Male  Female

**Race:**  White  Black  Am. Indian  Asian  Hispanic  Other \_\_\_\_\_

**Grade applied for:** 6 7 8 9 10 11 12

**Permanent address (PO Box is not accepted):** \_\_\_\_\_  
(Street & House / Apt. No.)

\_\_\_\_\_ Home Phone#: (\_\_\_\_) \_\_\_\_\_  
(City) (State) (Zip Code)

**Parent's Email Address:** \_\_\_\_\_

### APPLICANT'S FAMILY INFORMATION

MALE Parent/ Custodial Parent/ Guardian	FEMALE Parent/ Custodial Parent/ Guardian
Title (circle one): Mr. Dr.	Title (circle one): Miss Mrs. Ms. Dr.
Full name: _____	Full name: _____
Relationship to applicant: _____	Relationship to applicant: _____
Address (If different from above)#: _____	Address (If different from above)#: _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Job Position/Title: _____	Job Position/Title: _____
Employer's Name: _____	Employer's Name: _____
Employer's address: _____	Employer's address: _____
Work Phone: _____	Work Phone: _____

**Applicant lives with:**  Mother  Father  Both  Other: \_\_\_\_\_

Current School: \_\_\_\_\_ School District: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

Is applicant currently under expulsion from any school or school district?  No  Yes If yes, explain: \_\_\_\_\_

Has applicant ever skipped a grade?  No  Yes If yes, which grade and why? \_\_\_\_\_

Has applicant ever repeated a grade?  No  Yes If yes, which grade and why? \_\_\_\_\_

Please list applicant's honors, awards, or special achievements (in or out of school): \_\_\_\_\_

Please list applicant's talents, interests, hobbies, club memberships, and activities: \_\_\_\_\_

**How did you learn about DSA?**

- Brochure, flyer, handout
- Internet (URL?): \_\_\_\_\_
- Journal (name?): \_\_\_\_\_
- Relative
- Other (Please specify): \_\_\_\_\_
- Advertisement (where?): \_\_\_\_\_
- Newspaper (name?): \_\_\_\_\_
- Friend
- Walk-in

**Please briefly state why you wish to have your child / children enrolled at Dove Science Academy and indicate any educational needs of which we should be aware, and which will help us plan and provide for the applicant's educational experience:** \_\_\_\_\_

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Please return the completed application to:**

DOVE SCIENCE ACADEMY, 280 S Memorial Dr , Tulsa, OK 74112

Phone: (918) 834 3936

Fax: (918) 834 3352

Web: [www.dsatulsa.org](http://www.dsatulsa.org)

E-mail: [dsatulsa@dsatulsa.org](mailto:dsatulsa@dsatulsa.org)

\* Dove Science Academy admits students without regard to race, color, religion, sex, nation and ethnic origin, or the presence of a medical condition or disability.