

NOVA Independent Study

720 Diablo Avenue • Novato, CA 94947

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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 or Dean signature_____
Date_____
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 _____