Ivy Tutorial Admissions Application Send to: 117 S Alder St, Colville, WA 99114

□ \$50 Family Application Fee Paid

Please complete one form for each child and return to Ivy Tutorial's Office with the \$50 application fee or email it to ivytutorial@outlook.com

| ☐ Full Program Application | ☐ Friday Co-op Day |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| lease ensure you have reviewed and signed the Ivy Tutorial Statement of Faith before proceeding. Date: | |
| I/We have read, agreed with, and have signed the Ivy Tutorial Statement of Faith. | |
| | nces for 2 people that are already part of Ivy Tutorial, 1 or or church leader's information (name/phone number). |
| Name | Contact |
| **Ivy Tutorial Reserves the right to accept of and the leading of the Holy Spirit after review | or deny student applicants based on the prayerful discernment of the board we of the application process. |
| Student's name:{{ Students Name } | } AgeBirthdateGrade |
| Primary Contact Relationship: □M | /lother □Aunt/Uncle □Father □Grandparent □Guardian |
| First & Last Name of Primary Conta | act |
| Mailing Address | |
| Primary Contact Email | |
| Primary Contact's Phone Number | □Mobile □Home □Work |
| Secondary Contact Relationship: | □Mother □Aunt/Uncle □Father □Grandparent □Guardian |
| First & Last Name of Secondary Co | ntact |
| Mailing Address | |
| Seconday Contact Email | |
| Secondary Contact's Phone Number | er: Mobile Home Work |

| Student Questionnaire Students in <i>Grades 5th to 12th</i> fill out: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Using your best handwriting, thoughtfully answer questions 1-5. |
| Student's Name: 1. What books have you read in the last year that were not required by your school? 1. 2. 3. 4. |
| 2.What is your favorite book of all time and why? |
| 3.List your favorite activities of a non-academic nature. Include activities in and out of school. 1. 2. 3. 4. |
| 4.Are you willing to work to the best of your ability everyday as an Ivy Tutorial student? |
| 5.Are you willing to cooperate with the authority of the mentor tutors and administrators? |
| Parents or Guardian are to thoughtfully and thoroughly answer the following questions: Has student ever been: (Provide a complete explanation on a separate sheet of paper for any of the first four boxes checked.) Sent home from school for misbehavior? How many times sent home from school? Suspended for full school day(s) for misbehavior? How many times suspended? Expelled from a school for misbehavior? How many times expelled from a school? Been put on any form of academic probation? None of the above |
| List social media if used by student applicant: Facebook Instagram Pinterest Snapchat Twitter YouTube TikTok |

□ Other: (specify)

| Please tell us about your child (temperament, interests, outdoor activity level, special needs, health concerns, etc.). |
|-------------------------------------------------------------------------------------------------------------------------|
| Describe applicant's academic strengths. I.e. personal habits that facilitate learning, subject area strengths, etc. |
| Are there any academic or behavioral areas of concern? If so, please explain. |
| Does your child have any suspected or diagnosed learning differences, giftedness, or special needs? Please elaborate. |
| Does your child have any health issues or food allergies? If so, please explain. |
| What, if any, medications is your child currently taking? Please include the reason for the medication. |
| What are your overall goals for your child's development as a person? |

| Why are you considering Ivy Tutorial for your son or da | ughter? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What are your expectations of Ivy Tutorial? | |
| Do you regularly attend a church or other faith-based o which one? | organization? If yes, for how long and |
| Explain any family circumstance that would help lvy Tu challenges faced by your son or daughter? | torial better understand any consequent |
| Our signatures below confirm that all information given in the tothe best of our knowledge. We understand that any omis falsifying or withholding of information in completing this appointment at low Tutorial. Further, we understo become familiar with and abide by the rules and regulation | sion, misrepresentation of the facts, pplication and all required documents ation, cancellation of admission, and/or stand that upon enrollment we are expected |
| Parent/Guardian Signature | Date |
| Parent/Guardian Signature | Date |
| Student Signature (5th-12th applicants only) | Date |

| Print for Additional Student | | |
|---------------------------------------------------------------------------------|------------------------------------------|--------------|
| ☐ Full Program Application | ☐ Friday Co-op Day | _ |
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| it back to ivytutorial@outlook.com | <u>II</u> | |
| ☐ Full Program Application | ☐ Friday Co-op Day | |
| Please ensure you have reviewed a proceeding. | and signed the Ivy Tutorial Statement of | Faith before |
| Student's name: | AgeBirthdate | Grade |
| Primary Contact Relationship: ☐ Mothe | er □Aunt/Uncle □Father □Grandparent | □Guardian |
| First & Last Name of Primary Contact | | |
| Mailing Address | | |
| Primary Contact Email | | |
| Primary Contact's Phone Number | lobile □Home □Work | |
| Secondary Contact Relationship: □Mo □Guardian | other □Aunt/Uncle □Father □Grandpare | ent |
| First & Last Name of Secondary Contact | ct | |
| Mailing Address | | |
| Primary Contact Email | | |
| Secondary Contact's Phone Number: | □Mobile □Home □Work | |

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| Using your best handwriting, thoughtfully answer questions 1-5. |
| Student's Name: 1. What books have you read in the last year that were not required by your school? 5. 6. 7. 8. |
| 2.What is your favorite book of all time and why? |
| 3.List your favorite activities of a non-academic nature. Include activities in and out of school. 5. 6. 7. 8. |
| 4.Are you willing to work to the best of your ability everyday as an Ivy Tutorial student? |
| 5.Are you willing to cooperate with the authority of your mentor tutors and administrators? |
| Parent Questionnaire Parents or Guardian are to thoughtfully and thoroughly answer the following questions: |
| Has student ever been: (Provide a complete explanation on a separate sheet of paper for any of the first four boxes checked.) Sent home from school for misbehavior? How many times sent home from school? Suspended for full school day(s) for misbehavior? How many times suspended? Expelled from a school for misbehavior? How many times expelled from a school? Been put on any form of academic probation? None of the above |
| List social media if used by student applicant: Facebook Instagram Pinterest Snapchat Twitter YouTube TikTok Other: (specify) |

| Describe applicant's academic strengths. I.e. personal habits that facilitate learning, subject area strengths, etc. |
|--------------------------------------------------------------------------------------------------------------------------------------|
| Are there any academic or behavioral areas of concern? If so, please explain. |
| Does your child have any suspected or diagnosed learning differences, giftedness, or special needs? Please elaborate. |
| Does your child have any health issues or food allergies? If so, please explain. |
| What, if any, medications is your child currently taking? Please include the reason for the medication. |
| What are your overall goals for your child's development as a person? Why are you considering Ivy Tutorial for your son or daughter? |

| What are your expectations of Ivy Tutorial? | |
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| <u>Print for Additional Student</u> | |
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| Student's name: | AgeBirthdateGrade |
| Primary Contact Relationship: ☐Moth | ner □Aunt/Uncle □Father □Grandparent □Guardian |
| First & Last Name of Primary Contact | |
| | |
| Mailing Address | |
| | |
| Primary Contact Email | |
| | |
| Primary Contact's Phone Number | Mobile □Home □Work |
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| 0 1 0 1 1 0 1 0 | |
| Guardian | other □Aunt/Uncle □Father □Grandparent □ |
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| First & Last Name of Secondary Cont | act |
| | |
| Mailing Address | |
| | |
| Primary Contact Email | |
| | |
| Secondary Contact's Phone Number: | □Mobile □Home □Work |

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| Using your best handwriting, thoughtfully answer questions 1-5. |
| Student's Name: 1. What books have you read in the last year that were not required by your school? 9. 10. 11. 12. |
| 2.What is your favorite book of all time and why? |
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| First & Last Name of Primary Contact | ;t | |
| Mailing Address | | |
| Primary Contact Email | | |
| Primary Contact's Phone Number |]Mobile □Home □Work | |
| Secondary Contact Relationship: □M Guardian | Mother □Aunt/Uncle □Father □Grandparent | |
| First & Last Name of Secondary Conf | ıtact | |
| Mailing Address | | |
| Primary Contact Email | | |
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