

INNOVATIVE WAYS ACADEMY

~MODELING RIGOR, INNOVATION
& THE PURSUIT OF ACADEMIC EXCELLENCE~

Please mail completed application to:
Innovative Ways Academy
6709 La Tijera Blvd. Suite 274
Los Angeles, CA 90045

Innovative Ways Academy's is a uniquely designed middle school. Our mission is to create a transformational climate of lifelong learners where talented and compassionate faculty will nurture students' pursuit of academic excellence, exemplary character, and meaningful contribution to their local, national, and global communities.

Application for Admission

This form is to be completed by the applicant's parent(s) or guardian(s).
For Academic Year Beginning September 20 ____
Applying for Grade ____

Admitted students are required to attend Summer Enrichment:
A 5-week educational program for incoming students.

Please attach a current
photo of your child
here.

Applicant Information

Name of Applicant _____

First

Middle

Last

Preferred Name

Date of Birth _____ Current Age _____ o Male o Female

School Information

Present School _____

Current Grade _____ Grades Attended _____

School Address _____

Street Address

City

State

Zip Code

Telephone (_____) _____

Area Code

Principal or Head of School _____

Last Three Schools Attended (if applicable):

School _____

Street Address City State Zip Code

School _____

Street Address City State Zip Code

School _____

Street Address City State Zip Code

Through what person or media did you become interested in Innovative Ways Academy?

Postcard Word of Mouth Website School Scout _____

Newspaper/Magazine _____

Name

Other _____

Family Information

Relationship: Father Mother Stepparent

Other _____

Mr./Mrs./Ms./Dr. _____

Name

Preferred Name _____

Home Address _____

City, St., Zip _____

Home Phone _____

Cell Phone _____

E-mail Address _____

Occupation _____

Employer _____

Employer's Address _____

City, St., Zip _____

Work Phone _____

Preferred Contact Number Home Cell Work

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Relationship: Father Mother Stepparent

Other _____

Mr./Mrs./Ms./Dr. _____

Name

Preferred Name _____

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Occupation _____

Employer _____

Employer's Address _____

City, St., Zip _____

Work Phone _____

Preferred Contact Number Home Cell Work

In the case of a divorced or separated family, applicant lives:

Equal time with both parents, or majority of time with:

Mother Father Other(s) _____

Correspondence should be sent to:

Father Mother Both Parents Other _____

Please list the names of siblings below:

Name	Birth date	Current School/Occupation
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Name	Birth date	Current School/Occupation
------	------------	---------------------------

Name	Birth date	Current School/Occupation
------	------------	---------------------------

Please list the names of grandparents below:

Name	Address	City/State/Zip Code
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Name	Address	City/State/Zip Code
------	---------	---------------------

Name	Address	City/State/Zip Code
------	---------	---------------------

Name	Address	City/State/Zip Code
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My signature below indicates that all the information contained in this application is correct, complete and honestly presented.

Signature of Parent or Guardian

Date of Application

Signature of Parent or Guardian

Date of Application

Please return this application with the Student and Parent Questionnaires on or before April 30, 2012.

Thank you,

Innovative Ways Academy
Admissions Committee

Innovative Ways Academy admits students of any race, color, religion or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, gender, sexual orientation or national and ethnic origin in the administration of its educational policies, financial assistance and ethnic or other school-administered programs.