

DAVINCI ACADEMY OF SCIENCE & THE ARTS

COMMUNICATION • COLLABORATION • CITIZENSHIP • CONTEMPLATION

2033 GRANT AVENUE, OGDEN, UT 84401 801.409.0720 FAX 801.866.1311 www.davinciacademy.org

LETTER OF INTENT TO RETURN

2010-2011 Academic Year

(Please complete one form for each child.)

--My child **will be enrolling** at DaVinci Academy for the 2010/2011 school year.

Student Name _____ Current Grade (09-10) _____

Date of Birth _____ / _____ / _____

Student Address _____ Phone _____

City _____ Zip Code _____

Parent/Guardian Signature _____

Parent/Guardian Name _____ Today's Date _____ / _____ / _____

Please return this form to the front office. Doing so will guarantee your student's placement for the next school year with DaVinci. *Unsigned forms will not be valid.* We are preparing for new student registration and we must have this information to reserve your student's enrollment position. Registration packets, including information on student fees, scheduling and Back-to-School Night will be sent home in April.

If you have questions about re-enrollment, please call **Lorie Ross** in our Student Office at **801-409-0720**. Thank you for your reservation. We look forward to the continued opportunity to work with your student.

Sincerely,

DaVinci Academy Registration Office

UNIQUELY DEDICATED TO DEVELOPING INNOVATORS IN THE SCIENCES AND ARTS

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