



# *Dove Science Academy*

## *Elementary*



January 3, 2011

Dear Prospective Parent:

Dove Science Academy Elementary (DSAE) is a tuition-free public charter school with a strong emphasis on math, science, and technology. DSAE is seeking serious students that desire the educational excellence our academy can provide.

DSAE will be accepting applications for students entering K-5th grade for the 2011-2012 year. All admission forms must be returned by March 24, 2011 at 3:00 p.m. to Dove Science Academy Elementary, along with all supporting documentation requested by the school. Addresses with a P. O. Box number on the utility bills are not acceptable. Cable or telephone service bills are not accepted. Please write your student's name on the bill.

### **Checklist for Admission**

- \_\_\_\_\_ 1. Application Form
- \_\_\_\_\_ 2. Signed Student & Parent Code of Conduct
- \_\_\_\_\_ 3. Letter of Recommendation (from current teacher or principal)
- \_\_\_\_\_ 4. Copy of student's birth certificate
- \_\_\_\_\_ 5. Copy of immunization record
- \_\_\_\_\_ 6. Attendance and Discipline Report
- \_\_\_\_\_ 7. Copy of grades
- \_\_\_\_\_ 8. Proof of residence (current utility bill — electric or gas under the parent's name)

### **For admission to Dove Science Academy Elementary, students must:**

- 1. Complete admission process
- 2. If home schooled, proficiency tests will be given for placement.
- 3. If more than enough applications are received, be successfully chosen in a random lottery (on March 25, 2011).

Should you need more information, please contact us or visit [www.dsaelementary.org](http://www.dsaelementary.org)

Sincerely,

Principal Yilmaz



# Dove Science Academy

## Elementary



### ENROLLMENT APPLICATION for 2011-12 SCHOOL YEAR

**FOR OFFICE USE ONLY** Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

DEAR PARENTS AND APPLICANT:

Thank you for your interest in DSAE. Please fill out this application form completely. 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 DSAE. Please either **type** or **print** clearly using black or blue ink.

**Student`s Legal Name:** \_\_\_\_\_

**ID Number:** (Six digit ID #, required for OKC PS students) \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Grade applied for:** (circle) K 1 2 3 4 5

**Date of Birth:** (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** (circle) M F

**Race:** (circle all that applies) White Black Hispanic Native American Asian Pacific Islander

**Student`s Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Student`s Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Student Resides with:** (circle) Mother Father Both Parents Other: \_\_\_\_\_

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

### STUDENT'S FAMILY INFORMATION

MALE Parent OR Guardian	FEMALE Parent OR Guardian
Title (circle one): Mr. Dr.	Title (circle one): Miss Mrs. Ms. Dr.
Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
E-mail: _____	E-mail: _____
Cell Phone #: (_____) _____	Cell Phone #: (_____) _____
Employer: _____	Employer: _____
Job Position: _____	Job Position: _____
Work Phone: (_____) _____	Work Phone: (_____) _____

DSAE provides equal opportunity to applicants at all times without regard to race, color, religion, sex, national and ethnic origin, age or disability.

4901 N. Lincoln Blvd., Oklahoma City, OK 73105 Tel: (405) 605-5566 Fax: (405) 605-5578  
 Web: www.dsaelementary.org E-mail: info@dsaelementary.org

G A T E W A Y T O S U C C E S S



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Previous School Attended: \_\_\_\_\_ School District: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

Is applicant currently under expulsion from any school or school district? (circle) No Yes If yes, explain:

Has applicant ever skipped a grade? (circle) No Yes Which grade and why? \_\_\_\_\_

Has applicant ever repeated a grade? (circle) No Yes Which grade and why? \_\_\_\_\_

Does your child need any special accommodations? (circle) No Yes If yes, explain: \_\_\_\_\_

Please list applicant's honors, awards, or special achievements: \_\_\_\_\_

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

How did you learn about DSA?

Brochure, flyer, handout  Internet  Newspaper

Relative: \_\_\_\_\_  Friend: \_\_\_\_\_

Briefly state why you wish to have your child/children enrolled at DSA Elementary:

### Enrollment Declaration

I hereby certify I am the parent and legal guardian or have obtained legal guardianship through the courts for \_\_\_\_\_. I also certify that the information provided is accurate. 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/Legal Guardian

\_\_\_\_\_  
Date

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GATEWAY TO SUCCESS



## ***Code of Conduct for Students***

*I understand that I choose my own actions and reactions to others and to situations. I also understand that every choice I make has consequences (positive or negative).*

*With that in mind, **I PROMISE** that.....*

1. *I will follow the school uniform dress code.*
2. *I will treat myself, teachers, peers, and the school grounds with respectful behavior striving to earn their respect in return.*
3. *I will take responsibility for my own education by arriving to school on time, coming to class prepared and completing assignments on time.*
4. *I will obey classroom rules set by teachers.*
5. *I will refrain from profanity in speech, personal conduct, and written language.*
6. *I will settle disputes with my peers, and if unable to settle them, use peer mediation.*
7. *I will not endanger myself or others by bringing any form of weapon to the school grounds.*
8. *I will refrain from vandalizing or misusing any school property (i.e. books, lockers, bathrooms, etc.).*
9. *I will keep my hands, feet, and objects to myself at all times.*
10. *I will participate in physical education activities and maintain a healthy lifestyle by avoiding harmful substances and behaviors.*
11. *I will not engage in any form of sexual harassment activities.*
12. *I will not participate in secret societies (i.e. gangs or occult activities) on school grounds or at school sponsored events.*
13. *I will adhere to the Code of Conduct at all school sponsored events and activities.*
14. *I will follow the requirements of DSAE Student Handbook.*

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*Student's Signature*

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*Date*



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### *Parent Code of Conduct and Participation Agreement*

I, \_\_\_\_\_, the parent, guardian or foster parent of \_\_\_\_\_, wish to enroll him/her in DSAE. I have read the material pertinent to the vision, philosophy and mission of the school. I agree and accept the information provided in these materials. I choose this school for my child and agree to support my child as he/she pursues successful completion of a math, science, and technology focused curriculum while attending this school. With that in mind, **I PROMISE** that....

1. I/We will provide volunteer services to the school of at least 6 hours a semester and have indicated my/our preferences of how that time will be contributed.
2. I/We will see that my/our child comes to DSA every day, on time, dressed appropriately and in uniform.
3. I/We will make sure that my/our child attends after-school programs, such as tutoring or mentoring, and Saturday detentions when assigned.
4. I/We will communicate with teachers and administrators by attending parent conferences and mandatory meetings and by updating information if my/our address or phone number changes. I/We understand that, it is my/our responsibility to get information about our child's academics, attendance, discipline points in a regular basis from the homeroom teacher. Please get your homeroom teacher's contact information from the office.
5. I/We will make sure that my/our child attends 100% of each class. I am aware that missing 10% of class/school (excused or unexcused) will result in failing class/grade and be subject to truancy by State Law.
6. I/We understand that our child must follow the rules, as set forth in the DSA Student Handbook, so as to protect the safety, interest, and the rights of all individuals at school.
7. I will attend monthly meetings of Parent Teacher Organization (PTO).
8. I will make sure my/our child does not fight in school, and understand he/she should go to a teacher or administrator if having trouble with another student.
9. I/We will provide transportation to and from school for my child. If I pick up my child later than designated hours, I/We understand that I will be charged a school care cost at whatever rate is in existence at that time. If my child is continually tardy, I understand that for the benefit of my child's education, he/she may be required to attend a school that is more accessible for my child.
10. I/We will ensure my child abides by the Dress Code of DSA.



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11. *In order to enhance my/our child's academic growth, I/we agree to do the following:*
- A. *To read and use information sent home by the school to keep parents informed of the academic topics to be introduced and studied in the classroom.*
  - B. *To provide a suitable time and place within the home for homework.*
  - C. *To assist my child in obtaining and regularly using a library card at the Public Library and allow for thirty minutes of reading daily.*
  - D. *To limit television and video games during the week and allow more time for reading, studying, and family time.*
  - E. *To check my child's homework nightly.*
  - F. *To encourage my child to research his or her academic level with deep commitment and enthusiasm for learning.*

*I/We understand that by not fulfilling my/our contractual obligations to the School and to my child, this will result in my child being suspended or dismissed and referred to a regular Public School or a private school of the parent's choice.*

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*Parent/Guardian's Signature*

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*Date*

**DOVE SCIENCE ACADEMY  
CONFIDENTIAL TEACHER RECOMMENDATION**

**To The Teacher:** Your insight and evaluation of the following will be helpful as we consider this student's application. The information you provide will be strictly confidential. Thank you for taking the time to complete the evaluation.

**Applicant's name:** \_\_\_\_\_

**Grade applied:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**How long have you known this applicant:** \_\_\_\_\_

**Academic Evaluation** : Please check the appropriate ratings with 1 being the least and 10 the highest

	1	2	3	4	5	6	7	8	9	10
Academic Achievement										
Academic Potential										
Computational skills(Math)										
Problem solving ability (math)										
Express ideas in writing										
Ability to express ideas orally										
Study habits										
Ability to concentrate										
Maturity in terms of age and grade										
Involvement with school activities										
Social adjustment with peers										
Classroom conduct										
Follows Directions										
Participation in discussion										
Responsibility										

**Additional comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Principal/Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Subject \_\_\_\_\_ School \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**Please mail/email/fax to:**  
**Dove Science Academy Elem.**  
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