

**APPLICATION FOR
DE ANZA ACADEMY OF TECHNOLOGY AND THE ARTS (D.A.T.A.)**

SCHOOL YEAR REQUESTED: 2010/2011 FOR GRADE: _____

School student is currently attending _____

Boundary Middle School _____

Student _____ Birth date _____

Parent/Caregiver _____ Home Phone _____

Address _____ Work/Cell Phone _____
Street City Zip

SIBLINGS: Are there brothers or sisters currently enrolled at the requested school that will continue in attendance?
Yes No

Name _____ Grade _____ / Name _____ Grade _____

Does the student receive Special Education services? Yes No If yes, what class? _____

Reason for request: _____

TERMS AND CONDITIONS

1. Bus transportation will only be provided from Anacapa MS, Balboa MS, and Cabrillo MS.

Parent/Caregiver Signature _____ Date _____

For D.A.T.A. School Use

Approved Denied

Signature _____ Date _____

Anne Roundy-Harter, D.A.T.A. Principal