



# Dove Science Academy Elementary

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*Gateway to Success*

**Address:** 4901 N Lincoln Blvd OKC, OK 73105  
**Phone:** (405) 605 5566 **Fax:** (405) 605 5578

**Web:** [www.dsaelementary.org](http://www.dsaelementary.org)  
**E-mail:** [info@dsaelementary.org](mailto:info@dsaelementary.org)

December 14, 2009

Dear Prospective Parent:

DOVE Science Academy Elementary (DSA) is a tuition-free, charter school with a strong emphasis on academics. DSA is seeking serious students that desire the educational excellence our academy can provide.

We will be accepting applications for students entering K-5<sup>th</sup> grade for the 2010-2011 school year until March 23, 2009. All you need to do is send the application form with the required documents\*. No application will be considered complete without those documents.

The tentative admission calendar is as follows:

December 14, 2009	-	Application process starts
March 22, 2010	-	Application closed
January 11-March 24, 2010	-	Meeting with parents and students
March 26, 2010	-	Random lottery drawing-4:30 p.m. at DSA Elementary
March 27-April 9, 2010	-	Registration/Enrollment

An information booklet is enclosed for your review. Should you need more information, please contact us or visit [www.dsaelementary.org](http://www.dsaelementary.org).

Sincerely,

Hasan Suzuk  
Principal

*\*1. Complete DSA Elementary Application Form.*

*2. Parent/Student Contract*

*3. Two Letters of Recommendation from your child's principal or teachers. (Not necessary for Kindergarten)*

*4. A copy of your child's Attendance and Tardy Record. (from last report card)*

**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.  
 4901 N. Lincoln Blvd.  
 Oklahoma City, OK 73105  
[www.dsaelementary.org](http://www.dsaelementary.org)  
[info@dsaelementary.org](mailto:info@dsaelementary.org)  
 Fax: 605-5578



# Dove Science Academy

## Elementary



### APPLICATION FORM FOR 2010-2011 ACADEMIC YEAR

**FOR OFFICE USE ONLY** Date : \_\_\_\_\_ Registration #: \_\_\_\_\_

**DEAR PARENTS AND APPLICANT:**

Thank you for your interest in DOVE SCIENCE ACADEMY ELEMENTARY SCHOOL. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. 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 DSA. Please either **type** or **print** clearly using black ink.

**Applicant's name:** \_\_\_\_\_  
(Last) (First) (Middle)

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

**Applicant's date of birth:** (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Gender:**  Male  Female

**Race:**  White  Black  Hispanic  Native American  Asian  Pacific Islander  Multi-cultural

**Grade applied for:**  Kindergarten  1  2  3  4  5

**Permanent address:** \_\_\_\_\_  
(Street & House/Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code) Phone: (\_\_\_\_) \_\_\_\_\_ Area Code

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

#### APPLICANT'S FAMILY INFORMATION

MALE Parent / Custodial Parent / Guardian	FEMALE Parent / Custodial Parent / Guardian
<p>Title (circle one): Mr. Dr.</p> <p>Full name: _____</p> <p>Relationship to applicant: _____</p> <p>Address (if different from above): _____</p> <hr/> <p>Home Phone: _____</p> <p>Job Position/Title: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p> <hr/> <p>Work Phone: _____</p>	<p>Title (circle one): Miss Mrs. Ms. Dr.</p> <p>Full name: _____</p> <p>Relationship to applicant: _____</p> <p>Address (if different from above): _____</p> <hr/> <p>Home phone: _____</p> <p>Job Position/Title: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p> <hr/> <p>Work Phone: _____</p>

**Applicant lives with:**  Mother  Father  Both  Other: \_\_\_\_\_

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**GATEWAY TO SUCCESS**



# Dove Science Academy

## Elementary



Current School: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_ to \_\_\_\_

Is applicant currently under expulsion from any school or school district?  No  Yes If yes, explain: \_\_\_\_\_

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

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

Please indicate any special health, or educational needs of which we should be aware, and which will help us plan and provide for the applicant's educational experience:

\_\_\_\_\_

Please list applicant's honors, awards, or special achievements (in or out of school): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### How did you learn about DSA?

- Brochure, flyer, handout
- Internet (URL?): \_\_\_\_\_
- Relative
- Walk-in
- Advertisement (where?): \_\_\_\_\_
- Newspaper (name?): \_\_\_\_\_
- Friend
- Other (please specify): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/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 or Guardian (Male)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (Female)

\_\_\_\_\_  
Date

**Please return the completed application to:**

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# *Dove Science Academy*

## *Elementary*



*Because you have chosen Dove Science Academy Elementary School, we anticipate that you will accept the rights and responsibilities to be members of our community. We ask you to carefully read over and sign the contracts on this page. As the year unfolds, we expect you to do your best to behave in ways that will enhance your own and other's ability to learn*

## **Student's Commitment**

### **I Promise**

- I will follow the requirements of the DSA-Elementary School Student Handbook*
- I will come to school every day dressed appropriately in my uniform.*
- I will attend 100% of each class. I am aware that missing 10% of class/school will result in a failing class/grade.*
- I will come to class on time with all necessary materials.*
- I will make good use of class time, asking permission to speak, doing my best on school work, turning in complete assignments and homework on time, and letting others do their work.*
- I will ask for help, in a courteous way, and at an appropriate time when I need it or do not understand.*
- I will show careful regard for my property and the property of others, asking permission to borrow others' things and returning them promptly in a good condition.*
- I will show respect for myself and others, showing consideration for others' rights and feelings, not using profanity, intimidation, threats or uncomplimentary names for myself, fellow students, and all those who work at the school, guests, or families of DSA school community.*
- I will be careful not to hurt myself or others physically by walking safely, not touching others, not fighting, not bringing any contraband to school, and not leaving school grounds without permission.*

## **Parents/ Guardians Commitment**

- I/We will provide volunteer services to the school of at least 5 hours a semester and have indicated my/our preferences of how that time will be contributed.*
- I/We will see that my/our child comes to DSA every day, on time, dressed appropriately and in uniform.*
- I/We will make sure that my/our child attends after-school programs, such as tutoring or mentoring, and Saturday detentions when assigned.*
- 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.*
- 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.*
- 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.*
- I will attend monthly meetings of Parent Teacher Organization (PTO)*

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



# *Dove Science Academy*

## *Elementary*



- *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.*
- *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.*
- *I/We will purchase uniforms for my child from DSA, and ensure my child abides by the Dress Code of DSA.*
- *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 dismissal and referred to a regular Public School or a private school of the parent's choice.***

***Together we can make a difference!***

\_\_\_\_\_  
*Student's Name                      Grade                      Student's Signature                      Date*

\_\_\_\_\_  
*Parent/Guardian's Name                      Parent/Guardian's Signature                      Date*

\_\_\_\_\_  
*Parent/Guardian's Name                      Parent/Guardian's Signature                      Date*

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

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