



# ACADEMY OF CIVIC ENGAGEMENT & ADVANCED STUDIES

## SANDRA DAY O'CONNOR HIGH SCHOOL

### STUDENT APPLICATION SCHOOL YEAR 2020-2021

Principal: Dr. Lynn Miller  
Academy Director: Darrell Hudson

STUDENT \_\_\_\_\_  
LAST NAME FIRST NAME

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY ZIP PHONE

STUDENT School ID # \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

Current GPA \_\_\_\_\_  
Active Membership in NJHS \_\_\_\_\_ No \_\_\_\_\_ Yes. If Yes, Sponsor's Name \_\_\_\_\_  
Advanced Classes attended in grades 7 & 8: \_\_\_\_\_  
Description of community service work \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME(S) \_\_\_\_\_  
PARENT'S/GUARDIAN'S EMAILS \_\_\_\_\_  
FATHER'S WORK PHONE \_\_\_\_\_ MOTHER'S WORK PHONE \_\_\_\_\_  
HOME HIGH SCHOOL \_\_\_\_\_ SOHS or OTHER: \_\_\_\_\_  
PREVIOUS SCHOOL (MOST RECENT) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ CURRENT GRADE LEVEL \_\_\_\_\_

Along with this application and open enrollment requirements (if applicable), the student is required to answer the short answer questions found on the website under the application link. Please attach that to the application and return or email to Mr. Hudson @ Darrell.hudson@dvusd.org  
I understand this is a 4-year program that I will stay committed to and follow through my high school career at SDOHS.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please return completed form and essay with Open Enrollment Form (if not within O'Connor area) to:  
Counseling Department @ O'Connor High or Email: Darrell.hudson@dvusd.org or FAX: 623-445-7180*



Deer Valley Unified School District No. 97

Superintendent : Dr. Curtis Finch, Ed.D.