

# Alpine Valley Academy

1910 W 900 N, Lehi, UT 84043

435-776-5427 / 801-763-1908 fax

AlpineValleyAcademy.org / markcluff@AlpineValleyAcademy.org

## Admission Interview Request

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

Return the completed form via mail, email, or fax. The purpose of the interview is for parents & children to interview the school and make sure they understand how the school runs, the expectations of the students, parents, and staff, and that this school is based on Self-Directed Learning.

Name of each child interviewing

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian **(Both parents and/or guardians must attend interview)**

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Parent/Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

-----  
*For office use only*

Date and time of interview: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_