

# Re-Application Form

2020-2021

2629 Horseshoe Drive, South,  
Naples, FL 34104

239-261-6227

Fax: 239-261-6227

www.naplesacs.org

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Office Use Only:*

Student ID #: \_\_\_\_\_  Renweb

Circle Current Grade: K, 1, 2, 3, 4, 5, 6, 7, 8

## Enrollment Application for Returning Students



*Naples Adventist Christian School*

2020-2021 School Year

*Teaching Christian Standards, Developing Academic Excellence*

A Seventh Day Adventist K-8 Grade School



Academic Year: 2020 /21

**FOR OFFICE USE ONLY**

**Returning Student Enrollment Form**

**PLEASE PRINT CLEARLY.**

Received By:	Date Received: / /
Student #:	Date of Application: / /
<input type="checkbox"/> Birth Verification (Certificate received?)	<input type="checkbox"/> Health Exam Valid?
<input type="checkbox"/> Immunization Certificate Valid?	<input type="checkbox"/> Entrance Test
<input type="checkbox"/> Records Requested?	<input type="checkbox"/> Records Received?

**Student Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: MM / DD / YY      Last      First      Middle      Preferred First Name  
 Age:      Gender:  M  F      Social Security #: - - -

Residence Address: \_\_\_\_\_ Apt. #      City      State      Zip  
*All school mailings will be sent to this address.*

Mailing Address: \_\_\_\_\_ Apt. #      City      State      Zip  
*Complete ONLY if different than residence address.*

Birthplace: \_\_\_\_\_ City      State      Birth Country if other than US: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** Is Student a baptized Adventist?  Yes  No | If yes, date of baptism: \_\_\_\_\_

If parents are divorced or separated, who has legal custody of the child?  Mother  Father  Both  Other: \_\_\_\_\_

**Check all that apply:**

**PARENTS' STATUS:**  Married  Separated  Divorced  Remarried  Single  Deceased ( Mother  Father)

**STUDENT LIVES WITH:**  Mother  Father  Step-mother  Step-father  Both Parents  Grandparent  Foster Parent

**MOTHER/GUARDIAN INFORMATION:**

Mother or Guardian:	Authorized Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address: _____ <i>Complete ONLY if different than STUDENT's Residence address.</i>	<b>Call:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Don't Call		
Occupation: _____	Work Phone: (____) _____ Extension: _____		
Place of Employment: _____	Cell Phone: (____) _____		
Relationship to Student: _____	Home Phone: (____) _____		
Spouse's Name: _____ <i>Complete ONLY if STUDENT's Guardian.</i>	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		
<i>if different than father</i> Are you a Seventh Day Adventist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where do you attend church? _____ <input type="checkbox"/> N/A		

**FATHER/GUARDIAN INFORMATION:**

Father or Guardian:	Authorized Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address: _____ <i>Complete ONLY if different than STUDENT's Residence address.</i>	<b>Call:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Don't Call		
Occupation: _____	Work Phone: (____) _____ Extension: _____		
Place of Employment: _____	Cell Phone: (____) _____		
Relationship to student: _____	Home Phone: (____) _____		
Spouse's Name: _____ <i>Complete ONLY if STUDENT's Guardian.</i>	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		
<i>if different than mother</i> Are you a Seventh Day Adventist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where do you attend church? _____ <input type="checkbox"/> N/A		

**STUDENT LANGUAGE INFORMATION:**

Is a language other than English used at home?  Yes  No **If yes, what language:** \_\_\_\_\_


Does the student have first language other than English?  Yes  No **If yes, what language:** \_\_\_\_\_

Does the student most frequently speak a language other than English?  Yes  No **If yes, what language:** \_\_\_\_\_


Has your child been in attendance in a U.S. school for less than 3 full years?  Yes  No Date entered U.S. school: / /

Student's Name:	Student's Grade:	Student's Age:
Last	First	Middle

**FIELD TRIP/TRANSPORTATION CONSENT AND Release/Permission for Use of Student Picture(s):**

 I hereby give permission for my child to go on school sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and the staff liable, except as covered by insurance.  Yes  No

My child may ride in transportation arranged by NACS in connection with school activities.  Yes  No

 I hereby give permission for my child's picture to be used in promotional materials for Naples Adventist Christian School. I understand that I will be notified each time when and where a picture is published.  Yes  No

It is understood that use of pictures will not produce royalties to my child/me.  Yes  No

			Date:		
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY

**PICK-UP RELEASE:**

Please list **LOCAL ADULT(s)** (18+ years of age) authorized to pick up; list in order of preference. Please confirm that the person(s) listed below is/are authorized to pick-up your student(s) from NACS, NACS events and/or NACS Aftercare Program by selecting Yes.

Last Name	First Name	Primary Contact #	Relationship	Authorized Pick Up.
1		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
3		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
4		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
5		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
6		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
7		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
8		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
9		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
10		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes

**CONTRACTUAL AGREEMENT:**

Applicant's Pledge and Contract

I agree to comply with the philosophies, standards, and guidelines of Naples Adventist Christian School.

Parent/Guardian's Contract

I understand that Naples Adventist Christian School shall have the right, in its sole discretion, to dismiss my student if he/she fails to achieve satisfactory educational performance or either my student or I fail to comply with such regulations and policies. I understand my financial obligation to Naples Adventist Christian School and I contractually agree to pay my child's account balance each month unless otherwise arranged in advance, in writing, with the school. I further understand that all transcripts and academic or other records prepared by Naples Adventist Christian School will not be released until I complete my contractual and financial obligations.

I certify that the enrollment information supplied on all documents is true, accurate and complete:

			Date:		
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY