



Academic Year: _____ / _____

Student Enrollment Form

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

Student Information

Full Legal Name: _____ / _____

Date of Birth: MM / DD / YY 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: _____

Ethnicity (optional): Asian African American Caucasian Non-Hispanic Black Non-Hispanic Hispanic
 American Indian/Alaskan Native Pacific Islander Multiracial Other

PARENT/GUARDIAN INFORMATION:

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:

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Report Card <input type="checkbox"/> Mailing list only <input type="checkbox"/> No Contact	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>	Call: <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: _____ <i>Complete ONLY if STUDENT's Guardian.</i>	Home Phone: (____) _____		
	Spouse's Name: _____ <i>if different than father</i>	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		

FATHER/GUARDIAN INFORMATION:

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Report Card <input type="checkbox"/> Mailing list only <input type="checkbox"/> No Contact	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>	Call: <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: _____ <i>Complete ONLY if STUDENT's Guardian.</i>	Home Phone: (____) _____		
	Spouse's Name: _____ <i>if different than mother</i>	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		

GUARDIAN CARE INFORMATION:

Is Student in foster care placement? Yes No If yes, name of guardian: _____

If no, please provide proof of legal guardianship.

Court ordered custody/restraint documentation provided? Yes No If yes, must submit signed court order prior to enrollment.

STUDENT LANGUAGE INFORMATION:

Is a language other than English used at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:
Does the student have first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:
Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:
In which language do you prefer to be contacted either in writing or by phone? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole
Has your child been in attendance in a U.S. school for less than 3 full years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date entered U.S. school: / /

EDUCATIONAL BACKGROUND:

List the schools/Preschool student has attended in the past other than NACS (beginning with the most recent):			
School: _____	Grade(s) Attended: _____	Phone: () _____	
Mailing Address: _____			
WITHDRAWAL DATE: _____	City _____	State _____	Zip _____
Reason for leaving: _____			
School: _____	Grade(s) Attended: _____	Phone: () _____	
Mailing Address: _____			
WITHDRAWAL DATE: _____	City _____	State _____	Zip _____
Reason for leaving: _____			
Was student in any Exceptional Education program at previous school, i.e. Speech, SLD, Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was student in an ESOL program at previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student ever been arrested resulting in charge or juvenile justice action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see Principal.			
Has student been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school? _____ When? _____			
Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school? _____ When? _____			

CHURCH INFORMATION:

Church Membership	
Mother, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____
Father, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____
Student, if applicable: SDA <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____	Location of Church Membership: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT OF ENROLLMENT APPLICATION & INFORMATION RECEIVED:

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
Release/Permission for Use of Student Picture(s) :	Teacher: _____	Student's Grade: _____	Student's Age: _____
Student's Name: _____			
Last		First	Middle
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.			<input type="checkbox"/> Yes <input type="checkbox"/> No
It is understood that use of pictures will not produce royalties to my child/me.			<input type="checkbox"/> Yes <input type="checkbox"/> No
/ / /			Date: / /
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM DD YY