



NEWMAN LEADERSHIP ACADEMY

Newman Leadership Academy

ADMISSIONS OFFICE USE ONLY

Date Received: _____

Intials: _____

2017-2018 STUDENT APPLICATION

Demographic Information

GRADE APPLYING FOR: TK K 1 2 3 4 5 6		ENROLLMENT MEETING COMPLETE <input type="checkbox"/>	
Student Last Name		Student First Name	Middle Initial
Home Address		City	Zip
Mailing Address (If different from above)		City	Zip
Primary Contact Phone # Home / Cell / Work		Date of Birth	Gender M / F
Secondary Contact Phone # Home / Cell / Work		Birth City	Birth State
Previous School of Attendance			

PARENT/GUARDIAN CONTACTS

Mother/Guardian First Name		Father/Guardian First Name	
Mother/Guardian Last Name		Father/Guardian Last Name	
Resides with Student? Yes / No		Resides with Student? Yes / No	
Mailing Address (If different from above)		Mailing Address (If different from above)	
Primary Contact Phone # Home / Cell / Work		Primary Contact Phone # Home / Cell / Work	
Secondary Contact Phone # Home / Cell / Work		Secondary Contact Phone # Home / Cell / Work	
Email Address		Email Address	
Parent Education Level: (circle one) Graduate Degree or Higher		Parent Education Level: (circle one) Graduate Degree or Higher	
College Graduate Some College or Associate Degree		College Graduate Some College or Associate Degree	
High School Graduate Not a High School Graduate Decline to State		High School Graduate Not a High School Graduate Decline to State	
Occupation	Employer	Occupation	Employer

Instructional Program Information

Has your child ever been retained Y / N	If so, what grade?
Has your child ever been enrolled in any type of special instructional program? If yes, answer questions below. Y / N	Y / N

Please complete the following only if your child has been enrolled in any type of special instructional programs at his/her previous school(s):

Has your child ever received resource specialist program services?	Y / N
Has your child ever received speech services?	Y / N
Has your child ever been in a self-contained special education class or learning center?	Y / N
Has your child been "GATE" identified?	Y / N
Does your child have a current IEP or 504?	Y / N

Home Language Survey: This information is essential in order to provide adequate instructional programs and services

Which language did your child first learn when they first began to speak? (PRIMARY LANGUAGE)	
What language does your child most frequently use at home?	
What language do you use most frequently to speak to your child?	
Name the language most often spoken by the adults in the home.	
Was your child previously enrolled in ESL / Bilingual Program?	

This information is federally mandated for reporting purposes as part of the McKinney-Vento Assistance Act (42 U.S.C. §11431 et seq.)

RESIDENCE: Where is your child/family current living (CHECK ONE)?

In a single family residence (house, apartment, condo, mobile home)	
Temporarily double-up (sharing housing with other families/individuals due to hardship)	
In a shelter or transitional housing program, motel/hotel, car, RV or a campsite	
At another location (please specify)	

Note: The information collected in regard to ethnicity is being collected for data purposes only and school officials will not use the information to make admission decisions. The standards for classification of race and data mirror those standards used by the federal government for determining ethnicity and race.

ETHNICITY: Is the student Hispanic or Latino (select only one)?

<input type="checkbox"/> YES, Hispanic or Latino
<input type="checkbox"/> NO, not Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, YOU MUST CONTINUE TO ANSWER THE FOLLOWING by marking one or more boxes.

Note: The information collected in regard to race is being collected for data purposes only and school officials will not use the information to make admission decisions. The standards for classification of race and data mirror those standards used by the federal government for determining ethnicity and race.

RACE: What is the race of this student (Select one or more)?

<input type="checkbox"/>	American Indian or Alaskan Native*	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Laotian
<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other Pacific Islander	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Tahitian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	White**
<input type="checkbox"/>	Other:	<input type="checkbox"/>		<input type="checkbox"/>	

*Persons having origins in any of North, Central or South America **Persons having origins in Europe, North Africa, or the Middle East

Emergency Contact Information - **DO NOT LIST PARENTS/GUARDIANS FROM PAGE ONE**

First Contact Last Name:	First Name:	Relationship to Student:
Primary Contact Phone # Home / Cell / Work	Secondary Contact Phone # Home / Cell / Work	
E-mail Address:		
Second Contact Last Name:	First Name:	Relationship to Student:
Primary Contact Phone # Home / Cell / Work	Secondary Contact Phone # Home / Cell / Work	

IMMUNIZATION REQUIREMENTS FOR ENROLLMENT

5 Doses	Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT) (4 doses OK if one was given on or after 4th birthday)
4 Doses	Polio (OPV or IPV) (3 doses OK if one was given on or after 4th birthday)
3 Doses	Hepatitis B
2 Doses	MMR (Measles, Mumps and Rubella) (Both given on or after 1st birthday)
1 Dose	Varicella (Chickenpox)
1 Dose	Tetanus, Diphtheria, Pertussis (Tdap) (Whooping cough booster usually given at ages 11 and up)

PLEASE CHECK YOUR IMMUNIZATION RECORDS TO MAKE SURE ALL OF THE ABOVE IMMUNIZATIONS ARE RECORDED.