



NEWMAN LEADERSHIP ACADEMY

Newman Leadership Academy

ADMISSIONS OFFICE USE ONLY
Date Received: _____
Initials: _____

2018-2019 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 College Graduate Some College or Associate Degree High School Graduate Not a High School Graduate Decline to State	Parent Education Level: (circle one) Graduate Degree or Higher College Graduate Some College or Associate Degree 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

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
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E-mail Address:

Medical Information

Name of Health Insurance:	Medical ID # / Policy #	Telephone #
Allergies:	Medical Problems/Chronic Illness:	Other Issues:
Doctor's Last Name:	First Name:	Telephone #

Name(s) of Brothers and Sisters

Last Name	First Name	Gender	Current School	Grade Level

General Authorizations

In an emergency, when I cannot be reached, I authorize the school authorities to take my student, at my expense, to my family doctor, licensed physician, nearest hospital or emergency first aid station for treatment. This consent is effective until revoked in writing

YES, I do give permission (initial) _____
 NO, I do not give permission (initial) _____

At times during the year, the media may request permission to write an article about, and/or take pictures of, an activity taking place at the school site. Additionally, stories and photos of students may be taken for inclusion on the Fortune School websites, newsletter and promotional materials

YES, I do give permission (initial) _____
 NO, I do not give permission (initial) _____

I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information.

Parent/Gaurdian Signature

Date (MM/DD/YY)

NOTICE OF NON DISCRMINATORY POLICY

Newman Leadership Academy will not discriminate based on any of the characteristics found in Education Code 220: disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance or enrolls pupils who receive state student financial aid.

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.