

NCCL SCHOOL
APPLICATION FOR ENROLLMENT

A \$25.00 non-refundable fee must accompany this application.

FOR THE SCHOOL YEAR BEGINNING IN SEPT. 20____ FOR GRADE _____

CHILD'S NAME _____

ADDRESS _____

PHONE _____ BIRTHDATE _____ GENDER _____

PRESENT SCHOOL _____ GRADE _____

ADDRESS _____

MOTHER'S NAME _____

ADDRESS _____

PHONE: HOME _____ WORK _____ CELL _____

E-MAIL _____

PLACE OF EMPLOYMENT _____

FATHER'S NAME _____

ADDRESS _____

PHONE: HOME _____ WORK _____ CELL _____

E-MAIL _____

PLACE OF EMPLOYMENT _____

I () WOULD () WOULD NOT NEED FINANCIAL AID.

IS THIS CHILD A SIBLING OF A CHILD CURRENTLY ATTENDING NCCL? Yes No

THE CHILD OF A PARENT WHO ATTENDED NCCL? Yes No

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

OFFICE USE ONLY

APP DATE _____ CK NO _____ AMT _____ VISIT DATE _____

PLACE OFFERED BY _____ ACCEPTED ON _____

Please include a SMALL PHOTO
and a copy of your child's LATEST REPORT

Please give a short description of your child (strengths, weaknesses, likes, dislikes, talents, interests, hobbies, etc.)

Does your child have any special needs that we should know about which would help us determine the best group placement for your child? Has testing been recommended? If so, for what? Has any testing ever been done? If so, attach a copy of the recommendations.

Is there anything else you would like us to know about your child?