

For Office Use Only: Date _____ Accepted _____ Notified _____



NEWTON COUNTY ACADEMY
14602 Highway 15 South
Decatur, MS 39327

Steve Nelson
Headmaster

Phone 601-635-2756

Fax 601-635-3525

Application for Admission

\$250 registration fee due when application is turned into the office. Fee is NONREFUNDABLE.
The student's TRANSCRIPT has to be attached to the application before it will be approved by the Board.

Applicant's Personal Data

First _____ Middle _____ Last _____

Preferred Name _____

Applying for Grade _____ School year ____ - ____ Age _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____

Home/Cell Telephone _____ Date of Birth _____

Father	Mother
Father's Full Name:	Mother's Full Name:
Address if different from above:	Address if different from above:
City, State, Zip:	City, State, Zip:
Home/Cell Phone:	Home/Cell Phone:
Email address:	Email Address:
Employer:	Employer:
Work Phone:	Work Phone:

Stepmother's Name (if applicable):	Stepfather's Name (if applicable):
SS #	SS#

Student lives with whom: Father and Mother _____ Mother _____ Father _____

(check all that apply) Parents Divorced _____ Stepmother _____ Stepfather _____

Parents Separated _____ Mother Deceased _____ Father Deceased _____

Guardian/Other _____

If parents are divorced or separated, to whom should correspondence be sent?

Both Parents _____ Mother _____ Father _____

If parents are divorced, who has legal custody? Joint Custody _____ Mother _____ Father _____

Last School Attended:

Name of school _____

City, State _____

Reason for Leaving: _____

Has Applicant ever repeated a grade? Yes _____ No _____

Does this student have an IEP? Yes _____ No _____ (mandatory to answer)

Has the applicant ever been expelled, denied enrollment at a school, or counseled not to return to a school? _____ If yes, please explain: _____

Has the applicant ever been the subject of any major school disciplinary action? _____

If yes, please explain: _____

Has the applicant ever been the subject of any law enforcement action? _____

If yes, please explain: _____

If the applicant missed more than 5 days during the previous school year, please explain:

If the applicant was tardy more than 5 days during the previous school year, please explain:

Siblings who attend NCA? Name/Grade:

Alumni Information: list relatives who graduated at NCA. Name/relationship/year: _____

References:

Give 2 personal references: (name, address, telephone)

Give 1 business reference: (name, address, telephone)

Anything the teacher needs to know about this student: _____

Admission checklist: Completed Application ___ Application Fee ___ Copy of most recent report card ___ Transcript _____

Checklist if entering classes for first time: Birth Certificate ___ Social Security Card ___ Immunization Record _____

In signing this application for enrollment, I herewith release Newton County Academy from all liability and agree to support the policies and regulations of the Board of Directors and Administration.

Signature of Parents: _____

Date: _____

THIS APPLICATION IS NOT VALID UNLESS IT IS RETURNED WITH A COPY OF THE APPLICANT'S BIRTH CERTIFICATE, IMMUNIZATION RECORD, AND SOCIAL SECURITY CARD.