



1958 N. Road Street  
Elizabeth City, NC 27909  
newlifeacademyec.com

(252) 335-5812 office  
(252) 334-9663 fax  
nlacademyoffice@gmail.com

### STUDENT ENROLLMENT

<b>Student Name:</b> _____	<b>Date:</b> _____
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Grade expected to enter (circle one):      Preschool:   2 yr.   3 yr. ( 3 or 5 days)   4yr.

          K    1    2    3    4    5    6    7    8    9    10    11    12

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Previous school attended: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Birth Place: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Choose one:      \_\_\_ Father      \_\_\_ Stepmother      \_\_\_ Guardian

Name: \_\_\_\_\_

Living with child:   \_\_\_ Yes   \_\_\_ No

Home Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Deceased   \_\_\_ Divorced

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Choose one:      \_\_\_ Mother      \_\_\_ Stepmother      \_\_\_ Guardian

Name: \_\_\_\_\_

Living with child:   \_\_\_ Yes   \_\_\_ No

Home Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Deceased   \_\_\_ Divorced

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***If the child is not living with both legal parents, please attach a copy of the legal document pertaining to custody.***

## EMERGENCY AND MEDICAL INFORMATION

Students Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Does your child have any known allergies or other health conditions?     Yes     No

If yes, please describe:

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Does your child have any physical handicaps or other conditions that might affect his or her school work, including physical education?     Yes     No

If yes, please describe:

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Does your child have any evidence of hearing or vision difficulties?     Yes     No

If yes, please describe:

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Does your child take any prescription medications?     Yes     No

If yes, please name the medications:

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Will these be administered during school hours?     Yes     No

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Action Plan and Permission to Administer Medication Form Filled out?     Yes     No

Please note that if your child has medication they require to take during school hours you will need to fill out the Permission to Administer Medication form. All medication has to be turned into staff to be locked up for health and safety reasons.

If your child needs to carry and/or leave an epi-pen or inhaler in the classroom an action plan will need to be filled out as well.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Financial Agreement

**Payments:** Payments may be made by cash, check, or money order made out to New Life Academy. Payments are due on the first of each month (Aug. – May or Sept. – June). ***The total tuition is broken into 10 monthly payments for your convenience.*** Payments not received in the drop box by the 1<sup>st</sup> of each month will incur a \$25.00 late fee.

**Delinquency:** Any tuition payment not received by the payment due date or within the 5 day grace period, will be considered delinquent. Parents will be notified in writing that their account has become delinquent and that they must respond or make a payment within 5 days. Failure to respond to the delinquency notice and/or balance not paid will result in the student’s suspension from school. The student will not be able to return until the account is paid. Parents can submit, in writing for approval, an alternative payment plan, or request financial assistance in writing. The student may remain in attendance while the request is under review. If an alternative payment plan is approved, it is the parent’s responsibility to make payments per the agreement. Missed or late payments will result in a suspension. *Student exam waivers, final report cards, and student transfer record requests will be withheld for non-payment of tuition.* **All accounts must be paid in full by June 5<sup>th</sup>.** No student will begin a new school year unless the previous year’s account is paid in full.

**Please sign:** I have read, understand, and agree to abide by New Life Academy’s tuition payment policies as stated above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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### **MEDIA RELEASE FOR STUDENTS**

From time to time schools are asked by the media to interview and/or photograph students as part of coverage of positive school events. To allow that to happen we need to have the permission of the students' parents or guardians. By checking the "grant" box and signing your permission on this form, you are indicating that you are agreeing to allow the use of such materials for the present school year. Please sign and return this form to your child's teacher.

I hereby (please check one box)

- grant** permission
- do not** grant permission

for **New Life Academy** to publish, copyright, or use all films, photographs, computer-generated imagery, and printed and spoken words in which my son/daughter is included, whether taken by staff, students, or others. I further agree that the school can use these photographs, films and words for any exhibitions, displays, web pages and publications, without reservation or compensation for the school year.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**PICK-UP AUTHORIZATION FORM**

I hereby authorize these individuals to drop off or pick up my student, \_\_\_\_\_  
*(Student name)*  
from New Life Academy during school hours.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Phone Number Relationship to student

\_\_\_\_\_  
Name Phone Number Relationship to student

\_\_\_\_\_  
Name Phone Number Relationship to student

\_\_\_\_\_  
Name Phone Number Relationship to student

\_\_\_\_\_  
Name Phone Number Relationship to student

\_\_\_\_\_  
Name Phone Number Relationship to student



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### **STUDENT HANDBOOK ACKNOWLEDGEMENT**

I have read, acknowledged and understand the policies and procedures of *New Life Academy* as presented in the **Student Handbook** on the school's website, [www.newlifeacademyec.com](http://www.newlifeacademyec.com).

I have reviewed these policies and procedures with my child/children.

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Student Name

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Grade

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Parent Signature

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Date

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Print Name



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### **End of the Year Testing**

The state of North Carolina requires end of grade testing for students in grades 3, 6, 9, and 11. New Life Academy will be using a standardized test at the end of the school year. Students will be tested on general content knowledge in various subject areas. *This is not an EOG and is not used to determine retention or promotion.* If you would like for your child to be tested and they are not in the grades required to test, a fee of \$200.00 will be assessed. Please notify the school's office to make arrangements. This is a mandatory test for all students in grades 3, 6, 9, and 11. If your child is unable to test during the designated week, it is the parent's responsibility to find an outside testing facility to test at a later date. All test scores will need to be provided to the school for student records. If your child is the recipient of the Opportunity Scholarship and are in grades 3<sup>rd</sup> and above, they will need to be tested. The testing fee will be waived.

I have read and acknowledge the above information explaining New Life Academy's standardized testing procedures. I also understand if I would like my child to be tested and they are not in grades 3, 6, 9, and 11 a \$200.00 testing fee will be assessed. If my child is unable to test during the designated testing week, it is my responsibility to have him/her tested in an outside facility and submit all test scores for student records.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_