

1958 N. Road Street
Elizabeth City, NC 27909

(252) 335-5812 office
(252) 334-9663 fax
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STUDENT REGISTRATION

Student name: _____ **Date:** _____

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: _____

Have you attended NLA before? Yes No If yes, dates attended: _____

Birth date: ____/____/____ Birth Place: _____ Age: _____ Sex: M / F

Choose one: ____ Father ____ Stepfather ____ 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.

For Office use only:

Registration fees paid: _____ **Cash:** _____ **Check:** _____ **/Check #:** _____ **BAL DUE:** _____

Authorized signature: _____ **Date entered into system:** _____

Transcript Request Date (must have payment): _____ **Date received:** _____