



## 2018-2019 New Learning Resources School District Application

New Summit School, Jackson	_____	ESA Recipient	_____
North New Summit School, Greenwood	_____	Date Received	_____
Spectrum Academy at NSS	_____	by office	
South New Summit, Hattiesburg	_____		
NLR Online	_____		

### **STUDENT INFORMATION**    *Please attach a current photograph.*

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name to be called: \_\_\_\_\_ Sex:    M    F    Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying for grade: \_\_\_\_\_ Applying for year: \_\_\_\_\_

Race / Ethnicity: \_\_\_\_\_ Student lives with: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

**FATHER'S NAME:** \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Occupation: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Occupation: \_\_\_\_\_

Did either parent graduate from New Learning Resources School District?      Father      Mother

If Yes - Father's Year of Graduation: \_\_\_\_\_ Mother's Year of Graduation: \_\_\_\_\_

**SIBLINGS:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GRANDPARENT(S) INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**STUDENT EDUCATIONAL INFORMATION**

*Please provide a copy of your child's transcript or last report card. List all schools attended, including Kindergarten.*

Name of School: \_\_\_\_\_ City, State: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permission to contact previous school to discuss child's needs

☐ Yes

☐ No

Please List Referral contact \_\_\_\_\_ Phone \_\_\_\_\_

Desired enrollment date

☐ Beginning of next school year

☐ Beginning of next year

☐ Immediate enrollment

Please explain why an immediate enrollment is necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this student been retained in a grade?    Yes    No    If yes, which grade level? \_\_\_\_\_

Please explain the circumstances of retention: \_\_\_\_\_

\_\_\_\_\_

Has this student been suspended or expelled from a school?      Yes      No

If yes, how many times has student been suspended or expelled? \_\_\_\_\_

Please describe the nature of any previous disciplinary problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this student have particular physical, mental, or emotional needs of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this student have any physical, emotional or mental issues which require medication?    Yes      No

If yes, please give a brief explanation and list medications to be dispensed during school hours:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the educational needs and/or services that New Summit provides that will benefit your child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the educational goals you would like your child to achieve at New Summit School?

\_\_\_\_\_

\_\_\_\_\_

Is your child dyslexic?    Yes      No

**If yes, please answer the following questions:**

Does your child have a ruling?    Yes      No

If yes,    Date of Ruling \_\_\_\_\_

Will your child be receiving therapy from NSS?    Yes      No

Will you be applying for Dyslexia Therapy Program / Scholarship through the Mississippi Department of Education?

Yes      No

Please briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes of your child.  
(Examples: *athletics, music, art, dance, chess, graphic design, creative writing, etc.*)

---

---

Does your child have special education eligibility?                      Yes                      No

If yes, please answer the following questions:

Category \_\_\_\_\_

Most recent Eligibility Date \_\_\_\_\_

Most recent IEP Date \_\_\_\_\_

Please provide copies of both Eligibility Determination and most recent IEP.

Does your child have an ESA Scholarship?                      Yes                      No

**Additional services are in excess of the tuition amount to include Dyslexia Therapy and other specialized areas.**

### **TERMS AND CONDITIONS**

- 1) New Learning Resources School District offers open enrollment to students of any race, religion, gender, color, creed or ethnic origin whom meet the entrance requirements and strive both in conduct and achievement to maintain satisfactory progress.
- 2) A new student and his or her family will have a probationary period which may include parent-teacher conferences, academic evaluations and disciplinary review. Admission to and continued enrollment in New Learning Resources School District is at the sole discretion of the school.
- 3) Information on current policies will be made available through the student handbook. School policies are subject to change. Policy changes will be announced by due notification.
- 4) Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline. New Learning Resources School District has full discretion in the discipline of students while on the school campus and during all school-sponsored functions.

**\*\* ALL REGISTRATION FEES ARE NON-REFUNDABLE \*\***

**PARENT AGREEMENT**

I hereby certify that I have read this student application form, including the section titled “Terms and Conditions”. I agree to comply with the terms and conditions stated therein and furthermore accept the requirements of all other official policies and procedures of New Learning Resources School District, including the payment of all fees and charges according to the published schedule of the school.

**This application cannot be processed until the application fee is paid in full and the application is signed by the parents of the applicant.**

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

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

**New Learning Resources School District will not enroll any student who has not met all requirements for enrollment. New students, grades K-12<sup>th</sup>, will not be considered enrolled until application and registration fees are paid.**

**For Office Use Only:**

Date & amount received \_\_\_\_\_

Date family was contacted \_\_\_\_\_

Interview date \_\_\_\_\_