

Application for Admission

Elementary and Middle School Programs

2019–2020 Academic Year

2018–2019 Academic Year

Please be aware that in order to be considered for the February 22nd, 2019 notification date, applications must be submitted by January 18, 2019 and the admissions process must be completed by January 31, 2019. Applicants that fail to meet these deadlines will be processed on a rolling admissions basis throughout the spring and summer.



Applicant Information

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME OR NICKNAME		
CURRENT AGE	DATE OF BIRTH	CURRENT GRADE	APPLYING FOR GRADE	MALE	FEMALE

Family Information

PARENT/GUARDIAN 1

DR MR MRS MS	FIRST NAME	LAST NAME	PREFERRED NAME OR NICKNAME			RELATIONSHIP
ADDRESS	CITY	STATE	ZIP	EMAIL		
SEND CORRESPONDENCE TO THIS ADDRESS?	YES	NO	SEND CORRESPONDENCE TO THIS EMAIL?	YES	NO	
CELL PHONE	WORK PHONE	HOME PHONE	BEST PHONE TO USE			
OCCUPATION	EMPLOYER					

PARENT/GUARDIAN 2

DR MR MRS MS	FIRST NAME	LAST NAME	PREFERRED NAME OR NICKNAME			RELATIONSHIP
ADDRESS	CITY	STATE	ZIP	EMAIL		
SEND CORRESPONDENCE TO THIS ADDRESS?	YES	NO	SEND CORRESPONDENCE TO THIS EMAIL?	YES	NO	
CELL PHONE	WORK PHONE	HOME PHONE	BEST PHONE TO USE			
OCCUPATION	EMPLOYER					

APPLICANT RESIDES WITH BOTH PARENTS/GUARDIANS PARENT/GUARDIAN 1 PARENT/GUARDIAN 2

IF SINGLE PARENT/GUARDIAN, DO YOU HAVE FULL LEGAL CUSTODY OF THE APPLICANT? YES NO

In addition to the parents/guardians, please list adults living with the applicant and their relationship to the applicant

NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP

Siblings of Applicant

NAME	AGE	SCHOOL AND GRADE OR GRADUATION DATE
NAME	AGE	SCHOOL AND GRADE OR GRADUATION DATE
NAME	AGE	SCHOOL AND GRADE OR GRADUATION DATE
NAME	AGE	SCHOOL AND GRADE OR GRADUATION DATE

Extended Care Needs *Classes run from 8:30 am to 3:30 pm*

Before Care (7:30 am–8:30 am) After Care (3:30 pm to 4 pm, 5 pm, or 6 pm) None

Financial Aid

Yes, we would like to apply for financial aid. Please send us additional information.

No, we will not be applying for financial aid.

School Information

CURRENT SCHOOL	HOMEROOM TEACHER'S NAME	PRINCIPAL	PHONE
SCHOOL ADDRESS	DATES OF ATTENDANCE: FROM		TO

Other schools attended in the last 4 years:

SCHOOL	FROM	TO
SCHOOL	FROM	TO
SCHOOL	FROM	TO

Student Information *You are welcome to attach separate sheets of paper if you need more space for your answers.*

Has your child applied to The New Century School before? yes _____ year no

Does your child have any current health concerns or educational needs? yes no
Please be specific.

Describe your child. What are his/her personal and academic strengths? What are his/her greatest needs?

What are your educational goals for your child?

Why are you interested in The New Century School for your child?

The New Century School requires all families to volunteer 10 hours for the school per academic year. Please describe how your family might contribute to the community.

Parent/Legal Guardian(s) Signature(s)

This application contains accurate, complete, and truthful information.

PARENT/GUARDIAN SIGNATURE	DATE
---------------------------	------

PARENT/GUARDIAN SIGNATURE	DATE
---------------------------	------