

NORTH DELTA SCHOOL

NEW STUDENT ENROLLMENT APPLICATION

For office use- Date: _____
Payment amt.: _____
Cash or ck. #: _____
Name on ck.: _____

Parents: Please complete this application for each child. Obvious redundancies may be omitted.

School Year for which application is made: 20____-20____ Grade: _____

Student's Full Name _____ Goes by _____

Student's Social Security Number _____ - _____ - _____ Date of Birth _____

Gender: Male _____ Female _____

Father: Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email* _____

Work Phone _____ Place of Employment _____

Mother: Name _____

If different:

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email* _____

Work Phone _____ Place of Employment _____

Emergency Contact (other than parents) _____

Relationship _____ Phone _____ Alternate Phone _____

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If parents live in separate households:

Parent/Guardian with
Whom Student Resides _____ Relationship _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Party Having Legal Custody _____ Phone _____

Party Responsible for Fees _____ Phone _____

School correspondence should be sent to: Mother ___ Father ___ Both ___ Other _____

(Continued on back)

Name and address of school(s) student has attended:

Most Recent	City	State	Dates	Grades
Other School	City	State	Dates	Grades

Names and grades of brothers/sisters attending North Delta: _____

List all known medical or learning problems, and if medication is prescribed.

Has the student ever been suspended or expelled from any school? If so, please explain.

Religious Preference: _____

Payment Plan Desired: Annual ___ Semi-annual ___ Monthly ___

I understand that if my child is admitted to North Delta School, he/she will be subject to all policies, rules, and regulations approved by the Board of Directors and/or school administrators. I also understand that I am responsible for the financial obligation stated in the fee schedule appropriate for year of enrollment.

Date _____
Signature of Parent/Guardian

Application made by submitting all of the following:

- This completed form**
- Registration fee**
- Copy of Social Security card**
- Copy of birth certificate**
- Copy of immunization record**
(State of MS Certificate of Compliance – Health Dept. Form 121)
- Copy of most recent report card or transcript**
(for students entering grades 1-12)

If either parent is an alumnus of North Delta or West Panola, please indicate which school, graduation year, & full name: _____