

New Enterprise Academy Student Application Academic Year 2009-2010

As of September 1, 2009 student's age will be

Last grade level completed

STUDENT INFORMATION

Last Name	First Name	Middle Initial		
Nickname	Date of Birth: (M)	(D)	(Y)	
Address				
City	State	Zip		

STUDENT'S EDUCATIONAL BACKGROUND

Please list schools that your student has attended. Please submit transcripts with your application, if possible.

- | | |
|-----------|--------------------|
| 1) School | Dates Attended |
| Location | Reason for Leaving |
| 2) School | Dates Attended |
| Location | Reason for Leaving |
| 3) School | Dates Attended |
| Location | Reason for Leaving |

For students wishing to enter our pre-kindergarten or kindergarten program, please list any daycare or pre-school he or she has attended.

- | | |
|-----------------------|--------------------|
| 1) Daycare/Pre-school | Dates Attended |
| Location | Reason for Leaving |
| 2) Daycare/Pre-school | Dates Attended |
| Location | Reason for Leaving |
| 3) Daycare/Pre-school | Dates Attended |
| Location | Reason for Leaving |

New Enterprise Academy's goal is to meet the needs of every student. The following questions will allow the faculty and staff to better understand your student's individual needs and maximize his or her potential.

Please mark any situations that may describe your family situation:

Parents are married and living together

Parents are separated

Parents are divorced

Parent is deceased

Student is living with a Step-Parent

Other, please explain:

1) How did you find out about New Enterprise Academy? Newspaper Yellow Pages Internet

Were you referred? If so, by whom?

2) Why do you feel your student will benefit from being enrolled at New Enterprise Academy?

3) Does your student have any learning disabilities or other disabilities?

If so, is he or she currently receiving training, therapy or taking medication for these issues? (If so, please describe)

4) How do you discipline your student?

5) How does he or she react to discipline?

6) What, if any, behavioral problems does your student have?

7) How would you describe your student's self-confidence?

8) Does your student have any special fears?

- 9) Have there been any unusual or traumatic occurrences in your student's life? (death in the family, divorce, major illness or hospitalization, a move, death of a pet, prolong separations, etc.)

Please use the space provided here to address any additional issues you feel are important for the faculty and staff to be aware of to assist in the care and education of your student.

Medical Information

Does your student have any allergies?
If so, please specify allergen and your student's reaction:

Are there any medical conditions (diabetes, history of seizures, etc.) we need to know about?

I/We verify that the information given here is accurate to the best of my/our knowledge. This information will be available only to the faculty and staff for the sole purpose of benefiting the educational experience and safety of your student.

Parent/Guardian

Date

Parent/Guardian

Date

**Application received by _____ on _____
Date**

New Enterprise Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. However, in keeping with its stated goals and objectives, New Enterprise Academy reserves the right to use appropriate selection and dismissal criteria in order to best fulfill the educational goals and objectives of the student body.

Please complete the Student Application then print and mail the application with a \$50 non-refundable application fee to:

New Enterprise Academy
P.O. Box 1323
O'Fallon, IL 62269