



# Neighbors' New Vistas High School

## Student Enrollment Form

Enrollment is **ONLY** considered complete if all documents listed on the check off list have been provided/received

<b>For School Use Only:</b>	
NNVHS Stu #	_____
STN#	_____
Grade at Enrollment:	_____

Today's Date: \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Student Basic Information

Student's Full Legal Name: \_\_\_\_\_  
Last First MI Maiden

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Month Day Year

**Ethnicity:** Is the student Hispanic? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Race:** \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander  
 \_\_\_\_\_ African American \_\_\_\_\_ Native American  
 \_\_\_\_\_ Causasian \_\_\_\_\_ Multiracial

**Student's Primary Language:**

Additional languages spoken: \_\_\_\_\_

Is the student receiving Special Services? \_\_\_\_\_Y \_\_\_\_\_ N

If so, check all that apply: \_\_\_\_\_ Bilingual Classes  
 \_\_\_\_\_ IEP \_\_\_\_\_ Special Education \_\_\_\_\_ Other

**Providing accurated contact information is imperative. You will not receive important school information if we do not have a working phone number.**

Home Phone: \_\_\_\_\_ (Land Line)

Student Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Student lives with: \_\_\_\_\_ Name Relationship

Are you currently enrolled in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school? \_\_\_\_\_ What Grade? \_\_\_\_\_

### Parent/Guardian Information

Primary Legal Parent's or Guardian's Name: \_\_\_\_\_

Home Address (If different from student's): \_\_\_\_\_  
Street City State Zip

Secondary Parent or Guardian's Name: \_\_\_\_\_

Address (If different from student's): \_\_\_\_\_  
Street City State Zip

**Student Enrollment Form (page 2)**

Student's Name \_\_\_\_\_

**Emergency and Additional Contact**

Please list **additional** emergency contact information here in addition to Parent(s)/ Guardian(s)

Relationship	Name	Home Phone	Cell Phone	Employer	Work #	Email

**Prior School Information**

Last School Attended: \_\_\_\_\_

School Address, City, State \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Reason for leaving:  Moved  Withdrew  Disciplinary Action  Other

Is the enrolling student in the process of or presently suspended/expelled or excluded from any other institution?  Yes  No

***As per Indiana code 20-33-8-30, if the student's parent fails to inform the school of expulsion, separation, or withdrawal, the school may deny the student enrollment during the period of the actual or proposed expulsion/ separation.***

**Health Information**

Name of doctor or primary health-care provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Does the student have medical concerns/problems?  Yes  No

If Yes, please explain: \_\_\_\_\_

Does the Student take medication prescribed by a doctor?  Yes  No

If Yes, please explain: \_\_\_\_\_

***Student must have a medication form on file with the school nurse. You can obtain a form in the main office.***

**ILLNESS HISTORY**

Please provide a detailed illness history for the student by completing the following informational survey.

Condition			
Allergies			
Asthma			
Diabetes			
Epilepsy			
Hemophilia			
Seizures			

Any Hospitalization (describe): \_\_\_\_\_

\_\_\_\_\_

***Please choose a referral source from the selections below. Tell us what was the motivating factor behind your decision to come to New Vistas.***

Source of Referral	
_____ Friend	_____ Family
_____ Home School	_____ counselor
_____ School Administrator	_____ Court
_____ Other: _____	

Reason for Referral
_____ Short of credits
_____ Age
_____ Discipline
_____ Attendance



# Neighbors' New Vistas High School

## Release of Information and Academic Agreement

### For School Use Only:

NNVHS Stu # \_\_\_\_\_

STN# \_\_\_\_\_

Grade at Enrollment: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

### Photo & Media Release

I give permission for photographs and video images of me/my child to be released to the local newspapers, television, or other media such as part of the school's web site, Facebook, newsletters, or brochures for the purpose of students and or program recognition.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

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

I give my permission for Neighbor's Educational Opportunities and New Vistas High School to release information regarding my enrollment status, academic progress, attendance, and assessments to the following:

- \_\_\_\_\_ Parent/Guardian (Required if 18 or older)
- \_\_\_\_\_ Colleges or Training Institutions
- \_\_\_\_\_ Work One
- \_\_\_\_\_ Courts, probation officer
- \_\_\_\_\_ Military

### MILITARY OPT-OUT INFORMATION

Section 9528 of the *No Child Left Behind Act* of 2001 requires school districts to release out family's private information to military recruiters unless we "opt-out" in writing.

- As a parent/legal guardian, I am exercising the right to "opt-out" and request that you do not provide the name, address and telephone number of the following student's to military recruiters.
- As a student of the age of majority, I request my own name, address, telephone number and school records not be released to the Armed Forces, Military recruiters or Military Schools.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Printed Name (if student is under 18)

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18)

