Date Received ____/___/___



Application for 2017-2018 School Year

Student's Name					
	last	first		middle	
Grade in 2017-2018					
O New student (Fill o	ease check one turning next year (Have a pout remainder of form to re t planning to return. (Do r	ceive a full registi	ration package.)	but turn it in.)	
Student's Mailing Addre	ess				
City		State		Zip	
Student's Physical Addre	ess			Apt. No	
City		State		Zip	
Home Telephone (Parent's e-n	nail		
Student lives with — P	lease check one				
☐ Foster parents	☐Both parents	\square Mother	\square Father	□Guardian	
□Mother & stepfather	\square Father & stepmother	\Box Other Relativ	es 🗆		
Legal Parent/Guardia	n Information				
Name					
	last	first		middle	
•	n student)				o
City		State		Zip	
Phone Numbers		,	,	2 H (
Daytime ())		Cell ()	
-					
Additional Parent Info	rmation				
Name	last	first		middle	
Address (if different fron	n student)			Apt. No	·
City	,	State		Zip	
Phone Numbers				•	
Daytime ()	Evening ()	Cell	()	
Signature of Parent/G	uardian				
NLCS Board of Director	ent students and their siblings will hold a lottery to deten an athletic ability, test score	ermine new admis	sions and places		
Is this student a child of	a current NLCS Staff mem	ıber?	□Yes	s $\square No$	

 $\Box Yes$

 \square No

Is this student a sibing of a current enrolled student at NLCS?