



Enrollment Application

New Orleans Adventist Academy

Candidate Information

Semester Applying for: **First Semester** (August) **Second Semester** (January)

Name _____
First Middle Last

Please print your legal name exactly as it should appear on permanent records.

Preferred Name _____ Male Female Applicant's Social Security# _____ - _____

Primary Address _____
Street Address or Post Office Box Apartment# City State Zip Country

Student's Home Phone (____) _____ - _____ Student's Cell Phone (____) _____ - _____

Student's Email _____ Birthdate ____/____/____ Birth Place _____

Current School Information

Current Grade PK K 1 2 3 4 5 6 7 8 Applying For Grade PK K 1 2 3 4 5 6 7 8

School Name _____

School Phone # (____) _____ - _____ School Fax # (____) _____ - _____

School Address _____
Street Address / Post Office Box City State Zip Country

Has applicant ever been expelled, denied re-enrollment at a school, counseled not to return to a school, or been the subject of any major school disciplinary action?

Yes No If yes, please explain _____

Parent/Guardian #1

Name(Dr./Mr./Mrs./Ms.) _____

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____

Phone (H) (____) _____ - _____ Cell Phone (____) _____ - _____

Email _____

Occupation _____

Business / Firm _____

Phone (W) (____) _____ - _____ Fax (W) (____) _____ - _____

Send school mailings (grades, finances, etc.) to this address: _____

Parent/Guardian #2

Name(Dr./Mr./Mrs./Ms.) _____

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____

Phone (H) (____) _____ - _____ Cell Phone (____) _____ - _____

Email _____

Occupation _____

Business / Firm _____

Phone (W) (____) _____ - _____ Fax (W) (____) _____ - _____

Send School Mailings (grades, finances, etc.) to this address: _____

If parents are separated or divorced, who is the custodial parent?
(Documentation is required)

How did you learn about New Orleans Adventist Academy?

Word of Mouth Church School Presentation Website / Social Media Current NOAA Student Other _____

Medical Information

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?

Yes No If yes, please explain _____

Are there any special factors or conditions, medications, or allergies affecting your child, which the school needs to be informed?

Yes No If yes, please explain _____

Church Affiliation

Place of Worship _____ Pastor _____ Phone (_____) _____ - _____

Baptized Seventh-day Adventist (Church membership) _____ Attending a SDA Church Other _____

Student / Parent Personal Information

1. Is it your personal desire to attend (be a student) at New Orleans Adventist Academy and be part of a Seventh-day Adventist Christian environment? If **no**, please state why in the space provided.

Yes No

In order to better serve your child, we need to know if there have been any experiences that will influence the community life at New Orleans Adventist Academy. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. Please note on a separate sheet any situations that could influence your child's experience at South Suburban. Failure to notify us could result in your child's dismissal from New Orleans Adventist Academy.

Contact the previous school for further information Name _____ Phone (____) _____ - _____ Fax (____) _____ - _____

I would like to speak with the principal

I have attached a written explanation

Contract of Parent or Guardian

I have read the answers to the above questions to find they are all correct. I agree to the conditions herein stated in the institution's annual announcement or as shall be announced by the administration during the year. I agree to assume the financial responsibility for the above student and to promptly pay all fees.

Parent or Guardian Signature _____ Date _____

Student's Pledge and Contract

I understand that New Orleans Adventist Academy is operated primarily for the private education and training of young people who are in harmony with the philosophy and objective that it is expected of me to live according to Christian principles as found in the Bible in general.

I willingly pledge to observe all the regulation of New Orleans Adventist Academy and uphold all of the principles upon which it is based as delineated in the Student Handbook. I understand that if I break the pledge, I automatically forfeit the privilege of membership at this school and may be asked to withdraw or may not be allowed to remain in school. I am committed to developing attitudes, spiritual values, and mental abilities in keeping with the stated philosophy and objectives of New Orleans Adventist Academy.

Student Signature _____ Date _____