



**NOBLE LEADERSHIP ACADEMY
ADMISSION APPLICATION**

GRADE APPLYING FOR:

STUDENT INFORMATION

Last Name:		First Name:		Middle Initial:	Date of Birth / /
Street Address:		Social Security #:	Place of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Apt #/	City:	State:	Zip Code:	Main Language Spoken at Home:	
Home Phone # ()	Cell Phone ()	Email Address:			

FATHERS INFORMATION/ GUARDIAN INFORMATION

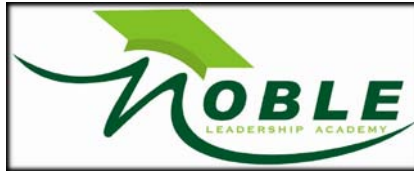
Fathers Last Name:		First Name:		Middle Initial:
Employer Name & Street Address:		Social Security # (Optional)		Main Language Spoken at Home:
Suite:	City:	State:	Zip Code:	
Work Phone # ()	Cell Phone # ()	Email Address:		

MOTHERS INFORMATION

Mothers Last Name:		First Name:		Middle Initial:
Employer Name & Street Address:		Social Security # (Optional)		Main Language Spoken at Home:
Suite:	City:	State:	Zip Code:	
Work Phone # ()	Cell Phone # ()	Email Address:		

EMERGENCY CONTACT (This person will be contacted if parent/guardian is unable to be reached)

Last Name:		First Name:		Middle Initial:
Street Address:		Fluent in English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Languages Spoken	
Apt #:	City:	State:	Zip Code:	
Home Phone # ()	Cell Phone # ()	Email Address:		



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Academic Information (Please use extra sheet if needed)

	Prior Schools Attended	Date From	Date To	City, State, Zip, Country, Tel, Fax
1		/ /	/ /	
2		/ /	/ /	
3		/ /	/ /	

Medical Information

Indicate any health conditions that your child may suffer from, such as:

ASTHMA HEART DISEASE EPILEPSY ALLERGY OTHER:

Please List all Medications if Any your Child is Currently Taking: (Specify)

Please indicate if the student has had any major operations or injuries: (Specify)

Doctors Name:	Street Address	Phone
() -		() -
Fax		
() -		

This application becomes a binding contract upon the undersigned only when the applicant has passed the entrance exam and successfully been enrolled in the school. Noble Leadership Academy reserves the right to admit or reject the applicant if such action is deemed necessary and is seen in the best interest of the school. It is understood that classes are strictly limited and priority is given to those students and their siblings who are currently enrolled in the school.

Signature of Parent/Guardian

_____/_____/_____
Date:

FOLLOWING SECTION IS FOR OFFICE USE ONLY

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Application/Testing Fee Received | <input type="checkbox"/> Immunization Records Received | <input type="checkbox"/> Other |
| <input type="checkbox"/> Check | <input type="checkbox"/> Birth Certificate | |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> School Records Received | |
| <input type="checkbox"/> Cash | | |

Comments: _____

Application Received by: _____ Date Received: _____

Date of Placement Test: _____ Score: _____

Waiting List Number: _____ Date of Enrollment: _____ Grade: _____

Comments: _____

Official Signature:

Date:

NOTICE OF NONDISCRIMINATORY POLICY

Noble Leadership 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, scholarships and loan programs, and athletic and other school-administered programs.