



NEW LIFE ACADEMY

SCHOOL YEAR 2023-2024

PLEASE TYPE OR PRINT CLEARLY. PLEASE COMPLETE ALL BLANKS ON THIS FORM. IF THERE IS A BLANK THAT IS NOT APPLICABLE, PLEASE WRITE N/A IN THAT BLANK. INCOMPLETE FORMS CANNOT BE ACCEPTED, AND WE ARE UNABLE TO PROVIDE CARE UNTIL PAPERWORK HAD BEEN SUBMITTED. IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THIS FORM, PLEASE CONTACT US.

Students' Information

Student's Full Name: Nickname:		
Date of Birth:	Age:	Grade by 8/22/23:
Gender:		
Current Address: Phone:		
City: State: Zip Code:		
School Previously Attended:		
Parent/Guardian Information		
Father/Guardian Full Name: Cellphone:		
Address:		
City:	State: Zip Code:	
Home Phone: Work Phone: Email:		
Place of Employment: Title/Position:		
Parent/Guardian Information		
Mother/Guardian Full Name: Cellphone:		
Address:		
City:	State: Zip Code:	
Home Phone:	Work Phone: Email:	
Place of Employment: Title /Position:		
Emergency Contact Information		

Please include emergency contacts to be called in an event of an emergency and parent/guardian cannot be reached.

Emergency Contact Name: Cellphone:

Address:

City:

State: Zip Code:

Home Phone:

Work Phone: Email:

Emergency Contact Name: Cellphone:

Address:

City:

State: Zip Code:

Home Phone:

Work Phone: Email:

Emergency Contact Name: Cellphone:

Address:

City:

State: Zip Code:

Home Phone:

Work Phone: Email: