

New Generation School Application Form

Date Of Application (MM/DD/YYYY) ___/___/_____

Student Information

Name: _____ Prefers to be called: _____

Gender: M / F Date Of Birth (MM/DD/YYYY) ___/___/_____

Social Security Number: _____ - _____ - _____

Address: _____

City/State/ZIP: _____

Please list any medical issues (allergies, etc):

Please list any prescription medications your child is taking:

Guardian Information

Guardian 1

Name: _____ Relationship: _____

Phone (home): (____) _____: _____ Phone (work): (____) _____: _____

Phone (cell): (____) _____: _____ Email: _____

Address: _____

City/State/Zip: _____

Guardian 2

Name: _____ Relationship: _____

Phone (home): (____) _____: _____ Phone (work): (____) _____: _____

Phone (cell): (____) _____: _____ Email: _____

Address: _____

City/State/Zip: _____

Social Security Number of responsible party: _____ - _____ - _____

Emergency Contact Information

Name: _____ Phone (home): (____) _____: _____

Phone (work): (____) _____: _____ Phone (cell): (____) _____: _____

Address: _____

City/State/Zip: _____

Background Information

Referral Source: _____

Last School/Grade Attended: _____

Teacher who could best explain your child's educational needs:

Name: _____ Phone: (____) _____: _____

Why do you think New Generation is the right school for your child?

Does your child receive Exceptional Student Education (ESE) services? Yes / No

Describe the classroom setting your child is currently in:

What does your child do for fun?

What are your child's interests?

Describe your child's strengths and weaknesses:

What chores does your child do around the house?

Disciplinary Record

Has your child had any referrals, suspensions or expulsions in the last two years? Please describe:

Has your child ever been convicted of a crime? Please explain:
