

For Office Use Only: Date \_\_\_\_\_ Accepted \_\_\_\_\_ Notified \_\_\_\_\_



NEWTON COUNTY ACADEMY  
14602 Highway 15 South  
Decatur, MS 39327

Jerry Crowe, Headmaster

Phone 601-635-2756 Fax 601-635-3525

Application for Admission

\$150 registration fee due when application is turned into the office. Fee is NONREFUNDABLE.  
TRANSCRIPT has to be attached to application before it will be approved by the Board.

Applicant's Personal Data

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First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Preferred Name \_\_\_\_\_

Applying for Grade \_\_\_\_\_ School year \_\_\_\_ - \_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

| Father                             | Mother                             |
|------------------------------------|------------------------------------|
| Father's Full Name:                | Mother's Full Name:                |
| Address if different from above:   | Address if different from above:   |
| City, State, Zip:                  | City, State, Zip:                  |
| Home/Cell Phone:                   | Home/Cell Phone:                   |
| Email address:                     | Email Address:                     |
| Employer:                          | Employer:                          |
| Work Phone:                        | Work Phone:                        |
| Stepmother's Name (if applicable): | Stepfather's Name (if applicable): |
| SS #                               | SS#                                |

Student lives with whom: Father and Mother \_\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

(check all that apply) Parents Divorced \_\_\_\_\_ Stepmother \_\_\_\_ Stepfather \_\_\_\_

Parents Separated \_\_\_\_\_ Mother Deceased \_\_\_\_ Father Deceased \_\_\_\_

Guardian/Other \_\_\_\_\_

If parents are divorced or separated, to whom should correspondence be sent?

Both Parents \_\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

If parents are divorced, who has legal custody? Joint Custody \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

Last School Attended:

Name of school \_\_\_\_\_

City, State \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Has Applicant ever repeated a grade? Yes \_\_\_\_ No \_\_\_\_

Has the applicant ever been expelled, denied enrollment at a school, or counseled not to return to a school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been the subject of any major school disciplinary action? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If the applicant missed more than 5 days during the previous school year, please explain:

\_\_\_\_\_

\_\_\_\_\_

If the applicant was tardy more than 5 days during the previous school year, please explain:

\_\_\_\_\_

\_\_\_\_\_

Siblings who attend NCA? Name/Grade:

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Alumni Information, list relatives who graduated at NCA. Name/relationship/year: \_\_\_\_\_

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References:

Give 2 personal references: (name, address, telephone)

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Give 1 business reference: (name, address, telephone)

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Anything the teacher needs to know about this student: \_\_\_\_\_

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Admission checklist: Completed Application \_\_\_ Application Fee \_\_\_ Copy of most recent report card \_\_\_ Transcript \_\_\_\_\_

Checklist if entering the Kindergarten classes for first time: Birth Certificate \_\_\_\_\_ Social Security Card \_\_\_\_\_ Immunization Record \_\_\_\_\_

In signing this application for enrollment, I herewith release Newton County Academy from all liability and agree to support the policies and regulations of the Board of Directors and Administration.

Signature of Parents: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS APPLICATION IS NOT VALID UNLESS IT IS RETURNED WITH A COPY OF THE APPLICANT'S BIRTH CERTIFICATE, IMMUNIZATION RECORD, AND SOCIAL SECURITY CARD.**

