STUDENT INFORMATION PROFILE

Last Name	First Name	Middle Name	Nickname
Date of Birth	Gender	Grade to Enter	

Ethnicity

☐ White/Caucasian ☐ Black ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native

☐ Hispanic ☐ Other:_____

Educational Background

Has your child received any special services at a prior school? ☐ Yes ☐ No

If yes, please specify the type:

☐ My child has an IEP. ☐ My child has a 504 plan. ☐ My child receives ESL services.

☐ Other:_____

Please list all schools the applicant has attended (including homeschool).

Name of school	Address	Grades Attended	Years Attended

Has the student had discipline problems at school? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has the student ever been suspended/expelled from school? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has the student ever been retained? ☐ Yes ☐ No If yes, what grade? _____

Medical Information

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? ☐ Yes ☐ No

If yes, what is the reason for the plan? _____

Doctor _____ Phone _____

List any allergies or symptoms and type of response for allergic reactions. _____
_____
_____

List any health care needs or concerns, symptoms of, and type of response to these health care needs. _____
_____
_____

List any particular fears or unique behavior characteristics the child has. _____
_____
_____

List any types of medication taken for health care needs. _____
_____
_____

If medication is administered during the school day, it must be checked in at the office by the parent or guardian prior to use. Please complete the medication form provided by office personnel.

Share any other information that has a direct bearing on assuring safe medical treatment for your child. _____
_____
_____

I, as the parent/guardian, authorize New Life Christian Academy to obtain medical attention for my child in the event of an emergency.

Signature of Parent/Guardian _____ Date ___ / ___ / ___

Signature of Parent/Guardian _____ Date ___ / ___ / ___

The staff of New Life Christian Academy does agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instruction from the physician or the child's parent, guardian, or full-time custodian.

When completed, submit by email:

office.nlcanc@gmail.com

Or in person:

New Life Christian Academy

2605 Southeast Blvd, Clinton, North Carolina 28328