



Nova Elm Academy (NEA)

44900 Acacia Lane, Suite 101

Sterling, VA 20166

Phone: (571) 313-1300

Email: admin@NovaElmAcademy.org

Website: www.NovaElmAcademy.org

STUDENT REGISTRATION APPLICATION

Only completed application will be accepted. Submission of an application does not guarantee admission.

Enrollment Status: <input type="checkbox"/> New Student <input type="checkbox"/> Re-enrollment Student			Date of Application:		
Student's Name:			Date of Birth:		
Social Security No:		Gender (Male/Female)		Age:	
Place of Birth (City/State or City/Country if outside US)				Home Phone:	
Address:					
Street:		City:		State:	Zip Code:
Other Siblings:					
Name: _____		Grade: _____	Name: _____		Grade: _____
Name: _____		Grade: _____	Name: _____		Grade: _____
Name: _____		Grade: _____	Name: _____		Grade: _____
Father's Name:		Cell Phone:		Email:	
Address:					
Street:		City:		State:	Zip Code:
Employer's Name:				Occupation:	
Employer's Address:					
Street:		City:		State:	Zip Code:
Mother's Name:		Cell Phone:		Email:	
Address:					
Street:		City:		State:	Zip Code:
Employer's Name:				Occupation:	
Employer's Address:					
Street:		City:		State:	Zip Code:



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Has your child ever been suspended/expelled from a school? YES ___ NO ___ If yes, please explain:			
Name of Previous School Attended (if any):			Dates Attended:
School Address:			
Street	City	State	Zip Code
Phone Number:	Fax Number:	Last Grade Attended:	
School Address:			
Street	City	State	Zip Code
Phone Number:	Fax Number:	Last Grade Attended:	

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID (Please initial by each line)

_____ I hereby authorize the staff representing NEA to give consent for any and all necessary emergency medical and First Aid care for my child _____, while he/she is in custody of NEA. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGEMENT OF ACCURACY AND PERMISSION (Please initial by each line)

_____ I hereby attest all information in this application to be true and up to date. I understand that if this information is not found to be accurate, my child's place at NEA may be forfeited.

_____ I give permission to NEA to take pictures of my child (_____ YES _____ NO) and to use those pictures as publicity and marketing for the school (_____ YES _____ NO). I understand that my child's name will not be used with the pictures.

Parent/Guardian Signature _____ Date _____



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