

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: ☐ New Student ☐ 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:	Zin Code:



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Primary Emergency Contact (other than parents)				
Name:				Relationship to Student:
Address:				Phone No:
Street	City	State	Zip Code	
Secondary Emergency Contact	(other than pa	arents)		
Name:				Relationship to Student:
Address:				Phone No:
Street	City	State	Zip Code	
Primary Authorized Person to	Pick Up Stude	ent (i.e. carpoo	1)	
Name:				Relationship to Student:
Address:				Phone No:
Street	City	State	Zip Code	
Secondary Authorized Person	to Pick Up Stu	dent (i.e. carp	ool)	
Name:				Relationship to Student:
Address:				Phone No:
Street	City	State	Zip Code	
Student's Primary Doctor				
Name:				
Address:				Phone No:
Street	City	State	Zip Code	
1. Has the student ever had psychological testing or been screened for academic difficulties or learning				
disabilities? YESNO If yes, please explain:				
2. Any health concerns (allergies, asthma, diabetes, etc.)? YESNO If yes, please explain:				
3. Is the student taking any prescription or non-prescription medication? YESNO If yes, please list:				



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Date__

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Has your child ever been suspended/ex	pelled from a school? Y	ESNO	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:			I	
Street	City	State	Zip Code	
Phone Number:	Fax Number:		Last Grade Attended:	
AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID (Please initial by each line)				
		. while he	y and all necessary emergency medical e/she is in custody of NEA. (Ambulance	
Parent/Guardian Signature Date				
AKNOWLEDGEMENT O	F ACCURACY AND	PERMISSION	(Please initial by each line)	
I hereby attest all information is not found to be accurate, my child's		_	ate. I understand that if this information	
			NO) and to use those pictures as d that my child's name will not be used	

Parent/Guardian Signature _____



Child 1

Child 2

Child 3

Child 4

Child 5

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NEA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and financial aid programs, and other school administrated programs.

HOME SURVEY 1. Was your child born in the United States? ____Yes If yes, in which state? If no, in what other country? How many years has your child been in the United States? 2. Has your child attended any school in the United States for at least three years? _____Yes 3. What language is spoken by you and your family most of the time at home? _____ 4. What language did your child learn when he/she first began to talk? _______ 5. What language does your child most frequently speak at home? _____ 6. What language do you most frequently speak to your child? (Father) _____ (Mother) _____ 7. Educational Level (please check all that apply? High School Bachelors Graduate Degree Mother Father Name Grade Tuition Financial Aid

NOTE: No discount will be applied to the first child. The second child will receive a 15% tuition discount. The third child will receive a 30% tuition discount. The fourth and subsequent child will each receive a 50% tuition discount.



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Parent/Guardian Signature	Date