

Recvd By: _____

Date: _____

NEW LIFE ACADEMY OF EXCELLENCE APPLICATION FOR 2012-2013 SCHOOL YEAR

**NOTE: STUDENT & PARENT/GUARDIAN MUST RESIDE IN GWINNETT COUNTY.
PLEASE PRINT LEGIBLY AND SUBMIT IN PERSON AT THE SCHOOL ALONG WITH YOUR
CHILD'S CURRENT PROGRESS OR GRADE REPORT(IF APPLYING FOR GRADES 1 THRU 8)**

Name of Student: _____
first middle last suffix (Jr., III)

Home Address: _____
street # and name apartment #

city state zip

Student's Date of Birth: _____ **Applying for Grade:** K 1 2 3 4 5 6 7 8
month day year please circle

Sex : M – Male F - Female

NOTE: Student must be five years of age on or before September 1, 2012 in order to enroll in Kindergarten in the State of Georgia.

Name of Parent/Guardian: _____
first middle last suffix

Student resides with this parent/guardian? Yes No

Home Phone: (_____) _____ - _____ **Cell Phone:** (_____) _____ - _____

Email Address: _____

Name of Parent/Guardian: _____
first middle last suffix

Student resides with this parent/guardian? Yes No

Home Phone: (_____) _____ - _____ **Cell Phone:**(_____) _____ - _____

Email Address: _____

Parent Signature: _____ **Date:** _____