

**NEW LIFE ACADEMY OF EXCELLENCE  
APPLICATION 2010-2011**

Recvd By: \_\_\_\_\_

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

**NOTE: STUDENT & GUARDIAN MUST RESIDE IN GWINNETT COUNTY.  
PLEASE PRINT LEGIBLY AND SUBMIT IN PERSON AT THE SCHOOL ALONG WITH YOUR  
CHILD'S CURRENT GRADE REPORT.**

Name of Student: \_\_\_\_\_  
*first middle last suffix (Jr., III)*

Home Address: \_\_\_\_\_  
*street # and name apartment #*  
\_\_\_\_\_  
*city state zip*

Student's Date of Birth: \_\_\_\_\_  
*month day year*

School Last Attended: \_\_\_\_\_

Applying for Grade: **K 1 2 3 4 5 6** Ethnicity: **A** - Asian Sex : **M** - Male  
**B** - African-American **F** - Female  
**H** - Hispanic  
**M** - Multi-Racial  
**I** - Native India/Alaskan  
**W** - Caucasian

*(Circle one in each group)*

**NOTE: Student must be five years of age on or before September 1, 2010 in order to enroll  
in Kindergarten in the State of Georgia.**

Name of Parent/Guardian: \_\_\_\_\_  
*first middle last suffix*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student resides with this parent/guardian? Yes No Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
*first middle last suffix*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student resides with this parent/guardian? Yes No Email: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_