NEW DAY ACADEMY
2010-2011 Re Enrollment Form

Please fill in any changes that have occurred to the information below so we can update our records.
The items with * are required.

First Name: *		Middle Name: *	Last Name: *	Suffix:
Other/aka First Name:		Middle Name:	Last Name:	Suffix:
Gender:	Incoming Grade: *			

PHYSICAL ADDRESS			
Street Address:	City:	State:	Zip Code:
MAILING ADDRESS *			
Street Address:	City:	State:	Zip Code:

Home Phone:	Cell Phone:	County of Residence:	School District of Residence:

Student Email Address:	Family Email Address:

If the information below has changed, please update.

FAMILY INFORMATION	
Male Parent/Guardian	**Female Parent/Guardian**
Name:	Name:
First Middle Last	First Middle Last
Relationship to Student:	Relationship to Student:
Street Address:	Street Address:
City:	City:
State: Zip:	State: Zip:
Mailing Address:	Mailing Address:
City:	City:
State: Zip:	State: Zip:
Employer:	Employer:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Live with Student: __Yes __No	Lives with Student: __Yes __No

Please update the information below, it is important to our federal Title 1 funding.

Free/Reduced Lunch Schedule Please select the household size and the income level from the same line

	Federal poverty Guidelines	Reduced Meals		Free Meals	
Household Size	**Annual**	**Annual**	**Monthly**	**Annual**	**Monthly**
1	10,830	20,036	1,670	14,079	1,174
2	14,570	26,955	2,247	18,941	1,579
3	18,310	33,874	2,823	23,803	1,984
4	22,050	40,793	3,400	28,665	2,389
5	25,790	47,712	3,976	33,527	2,794
6	29,530	54,631	4,553	38,389	3,200
7	33,270	61,550	5,130	43,251	3,605
8	37,010	68,469	5,706	48,113	4,010
For each add'l Family member Add	3,740	6,919	577	4,862	406

Is student eligible for free or reduced lunch? If yes at what level? (This is for state reporting only, thank you for participating)

__Yes __No __Federal Poverty Level __Free __Reduced __ Eligible but choosing Non-Participation

I certify that all of the statements and information given above are true and correct to the best of my knowledge

Parent/Guardian Signature____Date________________________________

NEW DAY ACADEMY
Emergency Form

Students Last Name:	Students First Name:	Grade:	Age:

Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:

Person(s) authorized to pick up student from School: __Mother __Father
Other:____

Is there a custody issue regarding this student? __Yes __No
Legal Restrictions for any parent are:
Court Order on file at school: __Yes __No
**Proof of Custodial Agreement is required for enrollment.*

Fathers Name:	Mothers Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

Please list two neighbors/friends or nearby relatives who will assume temporary care of your child if You cannot be reached:
Name:______________________________Relationship_________________Phone:_______________

Name:______________________________Relationship_________________Phone:_______________

Other Children in the Family

Name	Sex M/F	Year Born	School Currently Attending	Over 18 Y/N	Relationship to Student

Known vision problems: __Yes __No If Yes:____________________________________
Known hearing Problems: __Yes __No If Yes:___________________________________
Known health or allergy Problems: __Yes __No If Yes:____________________________
What action should be taken in case of a complication due to allergic condition or health condition:
____

In case of emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. under such circumstance, I further authorize the physician named below to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Name of Physician:____________________________ Address:_________________________________
Physician Phone:__________________
Insurance ID or Policy #:____________________Health Insurance Carrier:_____________________
Hospital Preference:__________________________________

Parent/Guardian Signature:________________________________Date:__________________________