



STUDENT ENROLLMENT APPLICATION

Show, Nurture, Teach, Empower

STUDENT INFORMATION

ENTERING GRADE:		ENROLLMENT DATE:	
FULL LEGAL NAME:			
Home Address:		City, State, Zip:	
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth:	Place of Birth (City & State):	
Primary Language:	Baptized in SDA Church: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity (Check One): <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Bi-racial <input type="checkbox"/> Native American	
Religion & Home Church:	If yes, Date: _____		

EDUCATIONAL HISTORY

Last School Attended:	Address & Phone:
Reason for Leaving:	
Any repeated grades? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, GRADE: _____ Reason: _____	Is this student currently on an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain _____ _____
Has the student been under any serious discipline measures during the past year? (i.e. suspended, expelled):	

If applying to NOAA for the first time, students in Grade 6 and above, please provide two (2) recommendations on the forms provided. At least one recommendation must be from a teacher, counselor, or administrator from the most recent school attended.

440-830-2043 info@noaaeducation.org <http://noaaeducation.org>

The NOAA family exists to Show children Jesus, Nurture their love for Him and others, Teach them to think, Empower them to serve.



PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN #1	PARENT / GUARDIAN #2
Full LEGAL Name:	Full LEGAL Name:
Address: (<input type="checkbox"/> Same as Student)	Address: (<input type="checkbox"/> Same as Student)
City, State, Zip:	City, State, Zip:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Relationship to Student:	Relationship to Student:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried (choose one) <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried (choose one) <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Custodial Parent/Guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO	Custodial Parent/Guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Should Grade/School Information be sent to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO	Should Grade/School Information be sent to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO
Religion & Home Church:	Religion & Home Church:

EMERGENCY CONTACT / AUTHORIZED PICK-UP *If parents/guardians cannot be reached in an emergency, please notify:*

Authorized Pick-up Person Name/Phone#/Relationship:
Authorized Pick-up Person Name/Phone#/Relationship:
Authorized Pick-up Person Name/Phone#/Relationship:

I/we hereby certify that I/we have read this information contained in this form, and to the best of our knowledge, the answers given are correct. I/we are acquainted with the philosophy and regulations of Northern Ohio Adventist Academy and agree to support them while enrolled at the school. NOAA reserves the right to withhold transcripts, grades, cumulative folder information and diplomas until financial obligation to NOAA is paid in full. As the parent/guardian of the student, I/we agree to assume the responsibility for the payment of the school account. I/we have read the School Handbook available on our website, and acknowledge acceptance of all policies as set forth.

Parent/Guardian _____

Date _____

Parent/Guardian _____

Date _____