



North Delta School, Inc.

330 Green Wave Lane • Batesville, MS 38606 • Phone: 662-563-4536 • Fax: 662-563-5690

New Student Enrollment Application

Parents: Please complete this application for each child. Obvious redundancies may be omitted.

Year for which application is made: 20__ -20 __

Grade: _____

Student: Full Name: _____

Goes by: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Gender: Male Female

Father: Name _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email* _____ Work Phone _____

Place of Employment _____

Mother: Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email* _____ Work Phone _____

Place of Employment _____

Emergency Contact (& relationship):

(other than parents) _____ Phone _____

* Needed for online grade reporting system

If parents live in separate households:

Parent/Guardian with whom student resides: _____ Relationship _____

City _____ State _____ Zip _____

Party Having Legal Custody _____ Phone _____

Party Responsible for Fees _____ Phone _____

School correspondence should be sent to: Mother Father Both Other _____

(Continued on back)

Name and address of school(s) student has attended:

Most Recent	City, State	Dates	Grades
Other School	City State	Dates	Grades

Names and grades of brothers/sisters attending North Delta:

List all known medical or learning problems, and if medication is prescribed.

Has the student ever been suspended or expelled from any school? If so, please explain.

Religious Preference: _____

Payment Plan Desired: Annual Semi-annual Monthly

I understand that if my child is admitted to North Delta School, he/she will be subject to all policies, rules, and regulations approved by the Board of Directors and/or school administrators. I also understand that I am responsible for the financial obligation stated in the fee schedule appropriate for year of enrollment.

Date: _____ Signature of Parent/Guardian: _____

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Application made by submitting all of the following:

- This completed form
- Application fee
- Copy of Social Security card
- Copy of birth certificate
- Copy of immunization record (State of MS Certificate of Compliance - Health Dept. Form 121)

If either parent is an alumnus of North Delta or West Panola, please indicate which school, graduation year, and full name: _____