

# NORTH DELTA SCHOOL

## NEW STUDENT ENROLLMENT APPLICATION

For office use- Date: \_\_\_\_\_  
Payment amt.: \_\_\_\_\_  
Cash or ck. #: \_\_\_\_\_  
Name on ck.: \_\_\_\_\_

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

School Year for which application is made: 20\_\_\_\_-20\_\_\_\_ Grade: \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Goes by \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian 1: Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Parent/Guardian 2: Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

If different:

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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**If parents live in separate households:**

Parent/Guardian with

Whom Student Resides \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

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:

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Most Recent	City	State	Dates	Grades
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Other School	City	State	Dates	Grades
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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\* \_\_\_**

\* Bank draft or credit card charge

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

**Application made by submitting all of the following:**

- This completed form**
- Registration fee**
- Copy of Social Security card**
- Copy of birth certificate**
- Copy of immunization record**  
(State of MS Certificate of Compliance – Health Dept. Form 121)
- Copy of most recent report card or transcript**  
(for students entering grades 1-12)

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