

Application Form

2023-2024

Student Name: _____

Parent/Guardian Name: _____

Today's Date: ____/____/____

Office Use Only:

Student ID #: _____ Renweb

Circle Current Grade: K, 1, 2, 3, 4, 5, 6, 7, 8

Enrollment Application

For RETURNING Students

2023-2024 School Year



Teaching Christian Standards, Developing Academic Excellence

A Seventh Day Adventist K-8 Grade School



JOURNEY TO EXCELLENCE

2629 Horseshoe Drive South Naples, FL 34104

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Academic Year: 2023/24

FOR OFFICE USE ONLY

Returning Student Enrollment Form

PLEASE PRINT CLEARLY.

Received By: _____	Date Received: ____/____/____
Student #: _____	Date of Application: _____ Grade: _____
<input type="checkbox"/> Birth Verification (Certificate received?)	<input type="checkbox"/> Health Exam Valid? <input type="checkbox"/> Entrance Test
<input type="checkbox"/> Immunization Certificate Valid?	<input type="checkbox"/> Records Requested? <input type="checkbox"/> Records Received?

Student Information

Full Legal Name: _____ / _____

Date of Birth: Last / First / Middle Preferred First Name
 MM / DD / YY Age: _____ Gender: M F Social Security #: - - -

Residence Address: _____ Apt. # _____ City _____ State _____ Zip _____
All school mailings will be sent to this address.

Mailing Address: _____ Apt. # _____ City _____ State _____ Zip _____
Complete ONLY if different than residence address.

Birthplace: _____ Birth Country if other than US: _____
 City _____ State _____

PARENT/GUARDIAN INFORMATION: Is Student a baptized Adventist? Yes No | If yes, date of baptism: _____

If parents are divorced or separated, who has legal custody of the child? Mother Father Both Other: _____

Check all that apply:

PARENTS' STATUS: Married Separated Divorced Remarried Single Deceased (Mother Father)

STUDENT LIVES WITH: Mother Father Step-mother Step-father Both Parents Grandparent Foster Parent

MOTHER/GUARDIAN INFORMATION:

Mother or Guardian: _____	Authorized Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address: _____ <i>Complete ONLY if different than STUDENT's Residence address.</i>	Call: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Don't Call		
Occupation: _____	Work Phone: (____) _____ Extension: _____		
Place of Employment: _____	Cell Phone: (____) _____		
Relationship to Student: _____	Home Phone: (____) _____		
Spouse's Name: _____ <i>Complete ONLY if STUDENT's Guardian.</i>	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		
<i>if different than father</i> Are you a Seventh Day Adventist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where do you attend church? _____ <input type="checkbox"/> N/A		

FATHER/GUARDIAN INFORMATION:

Father or Guardian: _____	Authorized Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address: _____ <i>Complete ONLY if different than STUDENT's Residence address.</i>	Call: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Don't Call		
Occupation: _____	Work Phone: (____) _____ Extension: _____		
Place of Employment: _____	Cell Phone: (____) _____		
Relationship to student: _____	Home Phone: (____) _____		
Spouse's Name: _____ <i>Complete ONLY if STUDENT's Guardian.</i>	Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work		
<i>if different than mother</i> Are you a Seventh Day Adventist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where do you attend church? _____ <input type="checkbox"/> N/A		

STUDENT LANGUAGE INFORMATION:

Is a language other than English used at home? Yes No **If yes, what language:** _____


Does the student have first language other than English? Yes No **If yes, what language:** _____

Does the student most frequently speak a language other than English? Yes No **If yes, what language:** _____


Has your child been in attendance in a U.S. school for less than 3 full years? Yes No Date entered U.S. school: ____/____/____

Student's Name:	Student's Grade:	Student's Age:
Last	First	Middle

FIELD TRIP/TRANSPORTATION CONSENT AND Release/Permission for Use of Student Picture(s):

 I hereby give permission for my child to go on school sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and the staff liable, except as covered by insurance. Yes No

My child may ride in transportation arranged by NACS in connection with school activities. Yes No

 I hereby give permission for my child's picture to be used in promotional materials for Naples Adventist Christian School. I understand that I will be notified each time when and where a picture is published. Yes No

It is understood that use of pictures will not produce royalties to my child/me. Yes No

			Date:		
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY

PICK-UP RELEASE:

Please list **LOCAL ADULT(s)** (18+ years of age) authorized to pick up; list in order of preference. Please confirm that the person(s) listed below is/are authorized to pick-up your student(s) from NACS, NACS events and/or NACS Aftercare Program by selecting Yes.

Last Name	First Name	Primary Contact #	Relationship	Authorized Pick Up.
1		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
3		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
4		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
5		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
6		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
7		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
8		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
9		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes
10		<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes

CONTRACTUAL AGREEMENT:

Applicant's Pledge and Contract
I agree to comply with the philosophies, standards, and guidelines of Naples Adventist Christian School.

Parent/Guardian's Contract
I understand that Naples Adventist Christian School shall have the right, in its sole discretion, to dismiss my student if he/she fails to achieve satisfactory educational performance or either my student or I fail to comply with such regulations and policies. I understand my financial obligation to Naples Adventist Christian School and I contractually agree to pay my child's account balance each month unless otherwise arranged in advance, in writing, with the school. I further understand that all transcripts and academic or other records prepared by Naples Adventist Christian School will not be released until I complete my contractual and financial obligations.

I certify that the enrollment information supplied on all documents is true, accurate and complete:

			Date:		
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM	DD	YY