

**NEW DAY ACADEMY
2011-2012 Student RE-Enrollment Application**

First Name:		Middle Name:		Last Name:		Suffix:	
Other/aka First Name:		Middle Name:		Last Name:		Suffix:	
Gender:	Incoming Grade:	Birth Date:	Birth City:	Birth State:	Birth County:		
PHYSICAL ADDRESS							
Street Address:			City:	State:	Zip Code:		
MAILING ADDRESS							
Street Address:			City:	State:	Zip Code:		
<input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S.							
<input type="checkbox"/> Check here if student was born outside of the U.S. but granted U.S. citizenship at birth.							
Home Phone:		Cell Phone:		County of Residence:		School District of Residence:	
Student Email Address:							
Parent Email Address:					Receive Newsletters via Email: Yes / No		
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:		State:	Zip:	City:		State:	Zip:
Mailing Address:				Mailing Address:			
Employer:				Employer:			
Home Phone:				Home Phone:			
Work Phone:				Work Phone:			
Cell Phone:				Cell Phone:			
Email Address:				Email Address:			
Live with Student: ____ Yes ____ No				Live with Student: ____ Yes ____ No			
Send Student Mailings: ____ Yes ____ No				Send Student Mailings: ____ Yes ____ No			

Free / Reduced Lunch Schedule: Please select household size and the income level from the same line (necessary for state funding purposes only)					
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	3,200
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 additional family member add...	3,740	6,919	577	4,862	406
Is student eligible for free or reduced lunch? If yes, at what level? (Again, this is for state reporting only, thank you for participating) ___ YES ___ NO If Yes: Federal Poverty Level Free Reduced Eligible but choosing Non-Participation					
Is a parent / guardian employed in agriculture or fishing activities on a seasonal or other temporary basis? ___ YES ___ NO					
Has the student taken a standardized test and been identified as gifted? ___ YES ___ NO					
Student is allowed to use computers at school: ___ YES ___ NO			Student is allowed to access the internet at school ___ YES ___ NO		
Parent/Guardian grants permission to use student work produced by the student for school purposes (monthly newsletter, etc.) ___ YES ___ NO			Parent/Guardian grants permission to use pictures of this student for school purposes (newsletter, brochure, etc.) ___ YES ___ NO		
*Federal Law requires school to release student information to the military unless parents notify the school that such information is not to be released (EC 49061-49076) Do you want information released on your student? ___ YES ___ NO			Student SSN # _____ (for Drivers' Ed., Cal Grants, Work Permits)		

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: _____

Please mail the Application, Release of Records Form, Parent / Guardian Survey, Copies of Birth Certificate and Immunization Records, along with any IEP or 504 Plan Paperwork, if applicable, to:

NEW DAY ACADEMY
 214 W. 1st Street
 Alturas, CA 96101

Or FAX to:

530-233-3864



NEW DAY ACADEMY

Student Emergency Form

Last Name: _____ **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.*

EMERGENCY CONTACTS:

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 Current. Enroll. Over 18:Y/N** _____ **Relationship to Student** _____

Name :	Sex: M/F	Year Born	School Current. Enroll. 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, please list health conditions:

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.

Health Insurance Carrier: _____ **Insurance ID or Policy #:** _____

Hospital Preference: _____ **Name of Physician:** _____

Physician Address: _____ **Physician Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____