STUDENT APPLICATION FORM
GRADES K - 8

NEW DIMENSIONS
A Challenge Foundation Academy

APPLYING FOR 2019-2020 SCHOOL YEAR IN GRADE:

☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

Note: In accordance with our charter, students will be placed in the appropriate grade based upon standardized test measurements supplied by the prior school or NDS administered MAP test prior to grade level lottery.

DOES THE APPLYING STUDENT HAVE SIBLING(S) CURRENTLY ENROLLED AT NDS? ☐**YES** ☐ **NO**
(CHECK APPROPRIATE BOX)

IF YOU CHECKED YES, LIST NAME(S) & CURRENT GRADE LEVEL(S) OF SIBLING(S): _____

_____

DOES THE APPLYING STUDENT HAVE SIBLING(S) THAT ARE ALSO APPLYING AT NDS? ☐**YES** ☐ **NO**
(CHECK APPROPRIATE BOX)

IF YOU CHECKED YES, LIST NAME(S) & APPLYING GRADE LEVEL(S) OF SIBLING(S): _____

_____

STUDENT'S LEGAL LAST NAME | **FIRST NAME** | **MIDDLE NAME**

PREFERRED / AKA | **DATE OF BIRTH** | **STUDENT'S COUNTY OF RESIDENCE**

STREET ADDRESS **APT#** | **CITY** | **STATE** | **ZIP CODE**

MAILING ADDRESS **APT#** | **CITY** | **STATE** | **ZIP CODE**
(IF DIFFERENT THAN ABOVE)

PARENT/GUARDIAN 1 ☐ *CHECK BOX IF YOU ARE EMERGENCY CONTACT*

NAME

RELATIONSHIP

HOME NUMBER | **CELL NUMBER**

WORK NUMBER | **OTHER NUMBER**

EMAIL ADDRESS

PARENT/GUARDIAN 2 ☐ *CHECK BOX IF YOU ARE EMERGENCY CONTACT*

NAME

RELATIONSHIP

HOME NUMBER | **CELL NUMBER**

WORK NUMBER | **OTHER NUMBER**

EMAIL ADDRESS

PARENT/GUARDIAN SIGNATURE | **DATE**

DELIVER COMPLETED APPLICATIONS TO:

NEW DIMENSIONS CHARTER SCHOOL
550 LENOIR ROAD, MORGANTON, NC 28655
PHONE: (828) 437-5753 **FAX: (828) 437-2980**
EMAIL: nds@ndschool.org