



New Dimensions Charter School – A Challenge Foundation Academy

STUDENT INFORMATION FORM: Grades K – 8

New Student

Existing Student

Applying for GRADE: \_\_\_\_\_ (in YEAR 2018-2019)

Date: \_\_\_\_\_

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

Is this new student a sibling of a currently enrolled student?  YES  NO (check appropriate box)

If you checked yes, give name /current grade of sibling: \_\_\_\_\_

STUDENT'S LEGAL LAST NAME FIRST NAME MIDDLE NAME

PREFERRED / AKA DATE OF BIRTH COUNTY OF RESIDENCE COUNTRY OF BIRTH

Male  Female Student Social Security # \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

Race:  American Indian or Alaska Native  Asian  Black  Black  Native Hawaiian/Other Pac Islander  White

STREET ADDRESS APT# CITY STATE & ZIP CODE

\*MAILING ADDRESS If Different From Above APT# CITY STATE & ZIP CODE

HOME TELEPHONE NUMBER CELL PHONE NUMBER EMAIL ADDRESS

NAME OF STUDENT'S CURRENT or MOST RECENT SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS OR CITY/STATE: \_\_\_\_\_ SCHOOL TELEPHONE #: \_\_\_\_\_

SCHOOL FAX #: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION – Please check all boxes that apply.

Student lives with:  Both Parents  Mother only  Father only  Parent & Step Parent  Court Papers

Other: specify \_\_\_\_\_  Joint Custody: specify \_\_\_\_\_

Parent/Guardian 1  emergency contact

Parent /Guardian 2  emergency contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work #: \_\_\_\_\_ Dept: \_\_\_\_\_

Work #: \_\_\_\_\_ Dept: \_\_\_\_\_

550 Lenoir Road, Morganton, NC 28655 Tel: (828) 437-5753 Fax: (828) 437-2980 www.newdimensions.teamcfa.org

Email: [nds@ndschool.org](mailto:nds@ndschool.org)

\*Please mail, email, fax, or hand-deliver completed forms to above address



**EMERGENCY CONTACTS (other than parents/guardians)**

**2018-2019**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Living with:  Yes  No Allowed to pick up:  Yes  No Speaks English:  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Living with:  Yes  No Allowed to pick up:  Yes  No Speaks English:  Yes  No

**Please list any other contacts who are allowed to pick up the student:**

\_\_\_\_\_  
Name Relationship Phone:

\_\_\_\_\_  
Name Relationship Phone:

\_\_\_\_\_  
Name Relationship Phone:

**MEDICAL/HEALTH INFORMATION:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and health conditions (include list of medications taken daily) \_\_\_\_\_

Condition(s) is/are life threatening:  Yes  No Hospital preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

**PHOTO/VIDEO RELEASE:**

I agree to allow my child's image to appear in photos and video footage associated with New Dimensions School. I acknowledge that these images may be used in publications, promotions, presentations, website, social media, Facebook and media coverage. I understand that these images will be used to portray positive aspects of child learning and school life and that individual copies of said images may not be available to me.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about New Dimensions School? \_\_\_\_\_

Please tell why you are interested in enrolling at our school. \_\_\_\_\_

Any further information that will assist in securing the best education experience possible for your student? \_\_\_\_\_