

NORTH ACADEMY
1813 N.E. 163 ST.
NORTH MIAMI BEACH, FL. 33162
305-454-9885



STUDENT REGISTRATION

Demographic Information
School Year 2021-2022

Grade in school year 2021-2022: _____ Date: ____/____/____

Student Name: _____ D.O.B. ____/____/____

SS#: _____ Age: _____

Gender: _____ Race: _____ Ethnicity: _____

Parent Guardian: _____

Relationship _____

Work Phone: () - Cell: () - Other: () -

Address: _____

City: _____ State: _____

Zip Code: _____

Does the child live at this address? Yes No

If the student's address is different from Guardian, please provide child's address below:

Address: _____

City: _____ State: _____

Zip Code: _____

Emergency and Early Release Contact:
Persons allowed to pick up student from school:

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The Student will be released only to the custodial caregiver or legal guardian and the persons listed below. The following people will be contacted in case of illness, accident or emergency if the guardian can not be reached.

Name: _____ Relation: _____

Work Phone: () - Cell: () - Other: () -

Address: _____

City: _____ State: _____

Zip Code: _____

Name: _____ Relation: _____

Work Phone: () - Cell: () - Other: () -

Address: _____

City: _____ State: _____

Zip Code: _____

Academic Information

ESE Level: _____ Grade: _____

Previous School: _____

*******Please provide copies of the student's last report card and IEP*******

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Scholarship/Funding Information

Do you have or are you eligible for the McKayScholarship? YES NO

McKay Confirmation #: _____

Matrix Level: _____ Score: _____

Do you have or are you eligible for the Gardner Scholarship? YES NO

Matrix Level: _____ Score: _____

Gardner Confirmation # _____

Do you have or are you eligible for Step Up for Students? YES NO

Please provide a copy of the Step Up Commitment Letter

Other Scholarship: _____

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Medical Information

I hereby grant permission to the staff of North Academy to contact the following medical personnel in order to obtain and make medical care decisions if I can not be reached.

Doctor: _____

Phone: () -

Address: _____

City: _____

State: _____

Zip Code: _____

Please list all known allergies, special medical or dietary needs or other areas of concern:

Describe any physical limitations:

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MEDIA RELEASE

I hereby consent to the use of my child's name, photograph, image, vice or other likeness for publication purposes including, without limitation, in video, print, CD-ROM, electronic media and on the Internet by North Academy as it deems appropriate and by its sole discretion.

I further agree that my child's name and photograph or other likeness may be used with visuals, copy or other such elements for publications, without restriction as to manner, frequency or duration of usage.

Student Name: _____
Please Print

Guardian Name: _____
Please Print

Guardian Signature: _____

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FIELD TRIP AUTHORIZATION

I _____ acknowledge and authorize North Academy to provide my child with recess and academic field trips off school campus. I, _____, hold the school and it's staff harmless from all liability, mishap or/and injury during the field trip. In case of emergency, The school will follow up with emergency procedures.

Student Name: _____
Please Print

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____
Please Print