



Application for Admission

DATE: _____

Applicant Information

Name _____

DOB: _____ Gender: _____ Ethnicity: _____

Applying for Grade _____ of the _____ - _____ school year

Preferred Phone: _____ Secondary Phone: _____

Home Address: _____

Applicant's age as of August 1st of the year of entry: _____ Current Grade: _____

Has student previously applied? Yes or No

Do you plan to apply for a scholarship/grant? Yes or No

Faculty/Staff Child? Yes or No

Education Information

Current School: _____ Phone: _____

Address: _____

Principal/Director/Contact Person: _____ Years Attended: _____

Prior School: _____ Phone: _____

Address: _____

Principal/Director/Contact Person: _____ Years Attended: _____

Has applicant had any psychological or educational testing? If yes, accommodations? (eg., IEP, 504 Plan)

Has the applicant ever been expelled, suspended (in/out of school), or asked to leave a school? Explain.



Family Information -- Primary Household (complete all applicable information)

Father/Guardian/Parent 1 Information:

Title ____ First Name _____ Middle Initial ____ Last Name _____ Suffix ____

Preferred Name _____ Relationship to Applicant _____

Cell Phone _____ Preferred Email _____

Mother/Guardian/Parent 1 Information:

Title ____ First Name _____ Middle Initial ____ Last Name _____ Suffix ____

Preferred Name _____ Relationship to Applicant _____

Cell Phone _____ Preferred Email _____

Who has primary custody? ____ both parents ____ mother ____ father ____

other (name/relationship) _____

Name of person financially responsible: _____

Father/Guardian/Parent 1 Employment Information:

Occupation/Title: _____ Place of Employment: _____

Business Address: _____ Business/Other Phone: _____

Mother/Guardian/Parent 1 Employment Information:

Occupation/Title: _____ Place of Employment: _____

Business Address: _____ Business/Other Phone: _____



Family Information -- Additional Household (if applicable)

Father/Guardian/Parent 2 Information:

Title ____ First Name _____ Middle Initial ____ Last Name _____ Suffix ____
Preferred Name _____ Relationship to Applicant _____
Cell Phone _____ Preferred Email _____

Mother/Guardian/Parent 2 Information:

Title ____ First Name _____ Middle Initial ____ Last Name _____ Suffix ____
Preferred Name _____ Relationship to Applicant _____
Cell Phone _____ Preferred Email _____

Parent 2 Home Address:

Father/Guardian/Parent 2 Employment Information:

Occupation/Title: _____ Place of Employment: _____
Business Address: _____ Business/Other Phone: _____

Mother/Guardian/Parent 2 Employment Information:

Occupation/Title: _____ Place of Employment: _____
Business Address: _____ Business/Other Phone: _____

Sibling/s Name/DOB/Gender/Grade/School Attending? _____

Relatives who have attended North Shore Academy or are currently enrolled:



NAME: _____

Health Information

Has applicant received all age appropriate, state required immunizations? YES or NO (explain)

Date of most recent vision screening: _____

Date of most recent hearing screening: _____

Known allergies: _____

Medications: _____

Please indicate any additional information of which the school should be aware, including chronic illnesses or medical/physical/emotional conditions: _____

Emergency Contacts

Name: _____ Relationship to applicant: _____

Phones: (M) _____ (W) _____ Email: _____

Name: _____ Relationship to applicant: _____

Phones: (M) _____ (W) _____ Email: _____



Please attach a \$50 non-refundable application fee

*A birth certificate, shot record and official school record will be required upon acceptance.

North Shore Academy welcomes and admits qualified students of any race, religion, and ethnic origin.

Final decisions to admit or not to admit are made by the Director at her sole discretion and are not subject to review.

Submit application to:

Director of Admissions
North Shore Academy
1355 NC HWY 210
Sneads Ferry, NC 28460

Phone: (910) 327-7000 Fax: (877) 370-2888

Signature of Parent _____ Date _____

Additional Information

How did you learn about North Shore Academy? _____

Name of the person who referred you to North Shore Academy (if applicable): _____