NSYNC Business Solutions

"Empowering the next Generation"

-Leadership Skills Development
-Strategic Thinking
-Accountability

Student Enrollment Form (required *for all grades)*

NSYNC Academies of Excellence

Student Last Name	**First Name**	**Middle Name**

Birth Date	**Gender** ☐ Male ☐ Female	**Grade**	Address: City: State: Zip: Phone:

Country of Birth: _____
If born outside of USA please answer the following questions.

Date of entry to USA: _____

Date of first enrollment in USA School: _____

Has student completed three or more years of school in the US. ❑Yes ❑No

Date of enrollment in **NSYNC Academies of Excellence**:	**Previous School Attended:**	**Date Last Attended:**	**District:**

District Address: **City:** **AZ:**

Phone: **Fax:**

Has documentation of this student's current immunization records been submitted to the **NSYNC Academies of Excellence**? ❑Yes ❑No		Is this student: Homeless? ❑Yes ❑No Ward of the State? ❑Yes ❑No

Does your child receive **Special Services** or have an **Individual Education Plan (IEP)** for any of the following? Check those that apply:

❑Autism Spectrum Disorder ❑Severe –Profound Impaired ❑Deaf-Blind
❑Severely Multiple Impaired ❑Deaf/Hard of Hearing
❑Physically Impaired ❑Developmental Delay
❑Other Health Disabilities ❑Specific Learning Disabilities
❑Speech/Language Impaired ❑Visually Impaired
❑Emotional/Behavioral Disorder
❑Traumatic Brain Injury ❑Mild –Moderate Impaired

Does your child receive any services in the following areas? Check those that apply:

❑Americans with Disabilities Act 504 Plan
❑Title 1
❑English as a Second Language (ESL)
❑Gifted/Talented
❑Other_____

Parent/Guardian Last Name	**First Name**		**Relationship to Student**	**Phones** **Cell** **Work**	**E-Mail Address**
Parent/Guardian Last Name	**First Name**		**Relationship to Student**	**Phones** **Cell** **Work**	**E-Mail Address**

Emergency Contacts (Other than those listed above):

Name	**Work Phone**	**Cell Phone**	**Other/Home Phone**

Authorized to pick up student(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Not Authorized to pick up student(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief. I understand that completing this form enrolls my student in the NSYNC Academies of Excellence and grants permission to obtain all student records pertaining to my child.

Medical Information

Does your child have special instructions for medical treatment? If yes, please explain including the medication your child is taking.

Are there any activities that you wish your child(ren) to not participate in? Please explain below.

Do you have Health Insurance coverage for the students? __Yes __No

If yes, **Health Insurance Company _____Health Insurance Policy Number _____.**

Name of Doctor: _____ Phone Number: _____

Print Parent/Guardian Name:

Parent/Guardian Signature: **Date:**

Proof of Residency: _____Provided
Birth Certificate: _____ Provided

FOR OFFICE USE ONLY Comments: