

For Office Use Only: Date _____ Accepted _____ Notified _____



NEWTON COUNTY ACADEMY
14602 Highway 15 South
Decatur, MS 39327

Steve Nelson
Headmaster

Phone 601-635-2756

Fax 601-635-3525

Application for Admission

\$250 registration fee due when application is turned into the office. Fee is NONREFUNDABLE.
The student's TRANSCRIPT has to be attached to the application before it will be approved by the Board.

Applicant's Personal Data

First _____ Middle _____ Last _____

Preferred Name _____

Applying for Grade _____ School year ____ - ____ Age _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____

Home/Cell Telephone _____ Date of Birth _____

Father	Mother
Father's Full Name:	Mother's Full Name:
Address if different from above:	Address if different from above:
City, State, Zip:	City, State, Zip:
Home/Cell Phone:	Home/Cell Phone:
Email address:	Email Address:
Employer:	Employer:
Work Phone:	Work Phone: