

Instructions: Please print clearly in ink. New student applicants must provide copies of the following documents:
 Birth Certificate Social Security Card DHEC Shot Record
 Most Recent Report Card Transcript/Test Scores Discipline Record

STEP 1 (select one grade level for upcoming school year)
Grade Level Information

Northwood Academy Upper School
 Office: 843 764 2285 Fax: 843 764 3713
 Grades 6-8
 Grades 9-12

Northwood Academy Lower School
 Office: 843 572 0940 Fax: 843 764 2274
 Grades K4-K5 Morning Session
 Grades K4-K5 Afternoon Session
 Grades 1-5

Northwood Academy Pre-School
 843 764 2271
 Infants-PreK
 Summer'S Cool

OFFICE USE ONLY	
Date Received	
Appointment Date	
Appointment Time	AM /PM
Check Amount \$	

STEP 2 **Student Information**

Full Name* Male Female
 Entering Grade _____

Last Name First Name Middle Jr., III, IV

Called By _____ Student's Cell _____

Social Security No. - -

Birthdate ____/____/____ Age ____ Race _____

STEP 3 (please check one appropriate family category)
Student Family Information

Traditional Blended Single Parent Other

If you selected Blended, Single Parent Or Other:

With Whom Does The Student Reside? _____

Who Has Legal Custody And Control? _____
 (Verification Required: please submit a copy of court order)

*Please Note: Official school records must reflect the student's legal name

STEP 4 (This step must be completed by all applicants and should reflect all who reside in this student's home.)
Parent Information

Mailing Address _____
Street or P.O. Box

City State Zip Code

Home Phone _____ May we list info in school directory? Yes No

[] **Multimedia Publication Notice:** Northwood Academy reserves the right to use photographs or video images, taken during school events, of Academy students for the purposes of instruction, advertising and promoting Northwood Academy and its programs. Parents who do not wish to comply with this policy must notify the school office in writing and submit documentation with this application.

Father StepFather Other _____

Full Name _____
Last Name First Name Middle

Work Phone _____ Ext _____

Occupation _____

Employer _____

Other Methods of Contact: Cell Phone _____

Mother StepMother Other _____

Full Name _____
Last Name First Name Middle

Work Phone _____ Ext _____

Occupation _____

Employer _____

Other Methods of Contact: Cell Phone _____

For Receipt Of School Information, Please Provide Email Addresses

Church Family Attends _____
(list church name here)

Other Family Members Include:

Sibling's Name _____ Age _____ School _____

Sibling's Name _____ Age _____ School _____

Other _____

STEP 5 (This step must be completed listing all who reside in student's noncustodial home.)
Non-Custodial Parent Information

Address _____
Street or P.O. Box

City State Zip Code

Home Phone _____

Father StepFather Other _____ Student Pick Up? Yes No

Full Name _____
Last Name First Name Middle

Work Phone _____ Ext _____

Occupation _____

Employer _____

Other Methods of Contact: Cell Phone _____

Mother StepMother Other _____ Student Pick Up? Yes No

Full Name _____
Last Name First Name Middle

Work Phone _____ Ext _____

Occupation _____

Employer _____

Other Methods of Contact: Cell Phone _____

Church Family Attends _____
(list church name here)

Other Family Members Include:

Sibling's Name _____ Age _____ School _____

Sibling's Name _____ Age _____ School _____

Other _____

STEP 6 **Student Pick Up Authorization**
 (Limit of four names other than those checked above)

1. _____
name relationship

2. _____
name relationship

3. _____
name relationship

4. _____
name relationship

STEP 7

(when requested, please clearly mark your initials in appropriate area)

Student's Medical and Emergency Information

Please check if any of the following are problems for this student:

anaphylaxis risk factors (please list) _____

asthma diabetes allergies (please list) _____

seizures other _____
(i.e., contacts, nosebleeds, etc.)

Physician's Name _____ Telephone # _____

List student's regular medications (administered at home or school) _____

NOTE: All medications (all students – all grades) will be kept and administered in the office. Prescription medication will be administered according to the prescription labeling and will be administered from its original container only. Medication Request Form must be completed and updated.

[] OK for non-medical school personnel to administer acetaminophen (tylenol) for *initial* minor aches and pains (i.e., headaches, mouth pain, etc.) during school hours.

Authorization of the following items is MANDATORY, please INITIAL:

[] I fully understand that Northwood Assembly, Inc. and Northwood Academy do not *initial* carry health or medical insurance on my child. I understand and fully agree that I am responsible for any and all medical or health related cost that might develop as a result of accidents, injury, sickness or other situations requiring medical care and treatment.

[] In case of a medical emergency, I give my permission for immediate transport and/or *initial* treatment by a hospital, and/or physician and/or other medical personnel. (NOTE: every effort will be made to immediately notify parents of any such medical emergency.) I would, *if possible*, prefer that my child be transported to _____

My child is covered by the following health or medical insurance policy:

[] I authorize the following to make medical decisions for my child, on my behalf, if I cannot be *initial* reached in an emergency:

Name _____ Telephone _____

Name _____ Telephone _____

STEP 8***Student's Background***

Name of last school/pre-school attended, including teacher's name and phone number

What is the reason for changing schools? _____

Has the student been retained in or advanced to any grade? Has the student been tested for any special program? Please provide details.

Has there been disciplinary or other adverse action at a previous school or child care center resulting in probation, suspension, or dismissal? Yes No

Has the student ever been to juvenile court? Yes No

Is there known drug use by the student? Yes No

Alcohol Use? Yes No Tobacco use? Yes No

Please provide details. _____

CONDITIONS OF ENROLLMENT

- Northwood Academy is a private, Christian school that recognizes and teaches the following Statement of Faith. In submitting this Application Form, I understand and accept:
 - ▶ We believe in God, the Father Almighty, maker of heaven and earth, who loved us and gave His eternal Son that we might have everlasting life.
 - ▶ We believe in Jesus Christ, His only Son, who was conceived by the Holy Spirit, born of a virgin, was crucified for our sins, buried and was resurrected from the dead. We believe He ascended into heaven and sits on the right hand of God and that He will judge each of us at the final Judgment.
 - ▶ We believe the Bible to be the only infallible, inerrant Word of God. That it is God-breathed and reveals God to man and is our guide for living.
 - ▶ We believe man's only hope of redemption is through the death, burial and resurrection of Jesus Christ, God's Son.
 - ▶ We believe in the Holy Spirit, that He indwells every believer. That He gives gifts to believers and enables us to live a victorious life.
 - ▶ We believe there is one church comprised of all born again believers. That the church is the body of Christ, equipped to do the work of Christ on earth.
 - ▶ We believe in the resurrection of the dead, in a literal heaven and hell. We believe that man is an eternal being who will exist forever. Where we spend eternity is determined by our living faith in Christ.
- Northwood Academy admits students on a merit (rather than a first come, first served) basis. The student's potential to benefit from the programs and policies of Northwood Academy will be the primary consideration.
- Northwood Academy has full authority for the student's proper grade and class placement.
- Northwood Academy has full authority to dismiss any student.
- Students who have been expelled from a school are not eligible for enrollment.
- Northwood Academy students are expected to cheerfully maintain prescribed standards of DRESS and CONDUCT, including the wearing of proper uniforms and totally abstain from the use or possession of drugs, alcohol and tobacco.
- All information contained in this Student Application Form must be true, accurate and kept current.

PARENT/GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE (Upper School Students, Grades 6-12) DATE



NORTHWOOD ACADEMY

2263 Otranto Road
Charleston, South Carolina
web address: www.northwoodacademy.com

Northwood Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.