

**NEW BRIDGE ACADEMY  
STUDENT REGISTRATION FORM  
2018-2019**

**NOTE:** This form must be completed *in full* and accompanied by the non-refundable Registration Fee. Please notify the school if any of this information changes during the school year.

Student's Name \_\_\_\_\_ (\_\_\_\_\_)  
Last First Middle Goes By

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male \_\_\_\_ Age Entering Grade \_\_\_\_\_

Brothers/Sisters attending NBA and grade entering \_\_\_\_\_

Interested In After Care:  Yes  No

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Please print Please print

Business E-Mail \_\_\_\_\_ Business E-Mail \_\_\_\_\_  
(unless company policy prohibits use) (unless company policy prohibits use)

Student lives with:  Both Parents  Father  Mother  Grandparents  
 Step-Mother  Step-Father  Guardians

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Name of Present Church Attending \_\_\_\_\_ Are you members?  Yes  No

Church Address \_\_\_\_\_

Church Pastor's Name \_\_\_\_\_ Church Phone Number \_\_\_\_\_

Church Attendance:  Weekly  Monthly  Other—Please explain \_\_\_\_\_

**PERMISSION FOR EMERGENCY CARE**

NBA has permission to obtain medical care for my child as they deem necessary. When my physician or I cannot be contacted in an emergency, NBA has my permission to take my child to the emergency room of the nearest hospital. The hospital has my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

(over)

Must be filled out completely:

### EMERGENCY INFORMATION

Emergency Contact (if neither parent is available) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Your Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Your Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Does student have any serious illnesses?  Yes  No

If yes, please explain \_\_\_\_\_

Does student take any regular medication?  Yes  No

If yes, please explain \_\_\_\_\_

Does student have any food and/or medication allergies?  Yes  No

If yes, please explain \_\_\_\_\_

I/We understand that the staff of New Bridge Academy can only dispense medication prescribed by a physician. Over-the-counter medications will not be given to students unless accompanied by a written prescription by the child's physician.

Yes  No

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### PERMISSION AUTHORIZATION

We give permission to use our address/phone number information in a school family directory.  Yes  No

We give permission to use our e-mail for school newsletter distribution or special information.  Yes  No

We give permission to use our child's photo on our website or other school online location.  Yes  No

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### ENROLLMENT AGREEMENT

I/We have read the Financial Contract Agreement and have received the Parent-Student Handbook and agree to accept and abide by the rules and philosophy of New Bridge Academy.

Yes  No

\_\_\_\_\_  
Mother's Signature (required)

\_\_\_\_\_  
Student's Signature (required for grades 7-12)

\_\_\_\_\_  
Father's Signature (required)

\_\_\_\_\_  
Date (required)