

**NEW BRIDGE ACADEMY
STUDENT REGISTRATION FORM
2020-2021**

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 _____