



1958 N. Road Street
Elizabeth City, NC 27909

(252) 335-5812 office
(252) 334-9663 fax
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STUDENT REGISTRATION

Student name: _____ Date: _____

Grade expected to enter (circle one): Preschool: 2 yr. 3 yr. (3 or 5 days) 4yr.

K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous school attended: _____

Birth date: ____/____/____ Birth Place: _____ Age: ____ Sex: M / F

Choose one: ____ Father ____ Stepfather ____ Guardian

Name: _____ Living with child: ____ Yes ____ No

Home Address: _____ Deceased ____ Divorced ____

Phone: ____ - ____ - ____

Employer: _____ Work Phone: ____ - ____ - ____

Occupation: _____ Cell Phone: ____ - ____ - ____

Email: _____

Choose one: ____ Mother ____ Stepmother ____ Guardian

Name: _____ Living with child: ____ Yes ____ No

Home Address: _____ Deceased ____ Divorced ____

Phone: ____ - ____ - ____

Employer: _____ Work Phone: ____ - ____ - ____

Occupation: _____ Cell Phone: ____ - ____ - ____

Email: _____

If the child is not living with both legal parents, please attach a copy of the legal document pertaining to custody.

For Office use only:

Registration fees paid: ____ Cash: ____ Check: ____/Check #: ____ BAL DUE: ____

Authorized signature: _____ Date entered into system: ____/____/____

Transcript Request Date (must have payment): ____ Date received: ____/____/____