



1958 N. Road Street  
Elizabeth City, NC 27909

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### STUDENT PRE-REGISTRATION

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade expected to enter (circle one):      Preschool:   2 yr. (T/TH)   3 yr. ( M/W/F 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: \_\_\_\_\_ 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

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Email: \_\_\_\_\_

Choose one:      \_\_\_\_\_ Mother      \_\_\_\_\_ Stepmother      \_\_\_\_\_ Guardian

Name: \_\_\_\_\_

Living with child:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Home Address: \_\_\_\_\_

\_\_\_\_\_ Deceased      \_\_\_\_\_ Divorced

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Email: \_\_\_\_\_

***If the child is not living with both biological 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:*** \_\_\_\_\_