



1958 N. Road Street
Elizabeth City, NC 27909

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(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: _____ 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 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:*** _____