

North Valley Academy

7939 4th Street NW

Los Ranchos de Albuquerque, NM 87114

Office (505)998-0501 Fax (505)998-0505



Dear Parents/Guardians;

Attached is the form necessary to complete your child's initial application process for the North Valley Academy Charter School lottery.

Please complete the form and return to the main office. North Valley Academy fills available spaces through the lottery process the first week of each month, beginning in April. You will be notified by telephone if your child receives a lottery placement.

All forms need to be filled out completely and legibly!

We are asking that you return your completed application form to the school office as soon as possible. After your child has been accepted through the lottery process, you will receive additional forms to be filled out for our record keeping. You will need to provide the school with a copy of your child's updated immunization records, verification of birth record, and also any custody papers if applicable. If you have any questions or need assistance in completing your application, please contact the enrollment office at: 998-0501, Ext. 138.

We look forward to a great year!

Thank you,

Patricia Maestas
Enrollment/Records Manager
North Valley Academy

Enrollment Packet Checklist for School and Parent/Guardian

Enrollment Form	
Emergency Information Form	
Immunization Records (New Students Only and/or Updated For Current Students)	
Birth Certificate Verified (New Students Only)	
Custody Papers (If Applicable)	



Student Enrollment Form 2009-2010

OFFICE USE ONLY

DATE REC'D _____

INITIALS _____

STUDENT DEMOGRAPHICS

PLEASE PRINT CLEARLY

NAME: _____ ENTERING GRADE LEVEL: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY/TOWN STATE ZIP+4

GENDER:FEMALE MALE BIRTHDATE (MM/DD/YY): ____/____/____

ETHNICITY:AMERICAN INDIAN ASIAN BLACK HISPANIC CAUCASIAN
(SELECT ONE)

TRIBE (IF APPLICABLE) _____ MEMBERSHIP OR ENROLLMENT # _____

BIRTHPLACE: _____
CITY/TOWN STATE COUNTRY

PHONES AND ADDRESSES: (LIST ALL IMPORTANT CONTACT PEOPLE FOR THIS STUDENT)

1. GUARDIAN'S NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____

CHECK ALL THAT APPLY: OK TO PICKUP LEGAL CUSTODY LIVES WITH EMAIL: _____

2. GUARDIAN'S NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____

CHECK ALL THAT APPLY: OK TO PICKUP LEGAL CUSTODY LIVES WITH EMAIL: _____

3. GUARDIAN'S NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____

CHECK ALL THAT APPLY: OK TO PICKUP LEGAL CUSTODY LIVES WITH EMAIL: _____

4. SIBLINGS

NAME _____ AGE _____ SCHOOL _____ GRADE _____

NAME _____ AGE _____ SCHOOL _____ GRADE _____

NAME _____ AGE _____ SCHOOL _____ GRADE _____

NAME _____ AGE _____ SCHOOL _____ GRADE _____

ENROLLMENT PLACEMENT

WHAT IS THE STUDENT'S PRIMARY LANGUAGE? ENGLISH SPANISH OTHER: _____

WHAT LANGUAGE DOES THE STUDENT MOST OFTEN USE? .. ENGLISH SPANISH OTHER: _____

WHAT IS THE PRIMARY LANGUAGE USED AT HOME? ENGLISH SPANISH OTHER: _____

HAS THE STUDENT RECEIVED ENGLISH AS A SECOND LANGUAGE SERVICES? Yes No

PREVIOUS SCHOOL INFORMATION

SCHOOL NAME: _____ PHONE #: _____

SCHOOL ADDRESS: _____
STREET CITY/TOWN STATE ZIP+4

WITHDRAWAL DATE: _____ GRADE LEVEL: _____

DID YOUR STUDENT RECEIVE ANY SPECIAL SERVICES FROM THEIR PREVIOUS SCHOOL? No Yes PLEASE SPECIFY

TITLE I READING/MATH 504 PLAN SPECIAL EDUCATION GIFTED EDUCATION

OTHER (PLEASE SPECIFY) _____

HAS THE STUDENT EVER BEEN LONG TERM SUSPENDED OR EXPELLED FROM A SCHOOL? No Yes

EXPLAIN _____

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Admission to the North Valley Academy is not limited based upon ethnicity, national origin, income level, gender, disabling condition, proficiency with the English language, athletic or academic ability.

OFFICE USE ONLY

RECORDS REQUESTED _____
RECORDS RECEIVED _____
BIRTH CERTIFICATE IMMUNIZATION FORM COMPLETE
FREE/REDUCED LUNCH FORM CUSTODY PAPERS
LEGAL ALERT MEDICAL ALERT

OFFICE USE ONLY

DATE PLACED ON WAITING LIST _____
ENTRY CODE _____ DATE _____
WITHDRAWAL CODE _____ DATE _____
GRADE _____ TEACHER _____

2009/2010 Student Contact Information

Updated: _____

Student's Name: _____ Date of Birth: _____ Sex: Male Female

Street Address: _____

City, State & Zip Code: _____

(Guardian 1):
Name: _____
Home Address: _____
Hm. Ph: _____ Cell Ph: _____
Business Name: _____
Wk Ph: _____
Relationship to Student: _____

(Guardian 2):
Name: _____
Home Address: _____
Hm. Ph: _____ Cell Ph: _____
Business Name: _____
Wk Ph: _____
Relationship to Student: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address Phone

HOSPITAL: _____
Name Address Phone

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____
Relationship: _____
Ph: _____ Cell Ph: _____

Name: _____
Relationship: _____
Ph: _____ Cell Ph: _____

Name: _____
Relationship: _____
Ph: _____ Cell Ph: _____

Name: _____
Relationship: _____
Ph: _____ Cell Ph: _____


Name: _____
Relationship: _____
Ph: _____ Cell Ph: _____

Name: _____
Relationship: _____
Ph: _____ Cell Ph: _____

The following person(s) may not remove my child from the facility:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. Yes No

Continued on back 

PRESS & PUBLICITY RELEASE

I authorize North Valley Academy to use the photograph, likeness, and/or replication of my child in usual and customary press, publicity, and school publication purposes.

(Check those you wish to authorize for use)

<input type="checkbox"/> Class Web Page	<input type="checkbox"/> NM Pre K Web Site and Related
<input type="checkbox"/> NVA Yearbook	<input type="checkbox"/> Class Non Web Publications (i.e. newsletters)
<input type="checkbox"/> School Web Site	

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY TO WHICH A PHYSICIAN SHOULD BE ALERTED

Please indicate if the student has had or is currently under treatment for any of the following conditions:

Condition	Year/Age Problem Occurred	Condition	Year/Age Problem Occurred
Asthma		Infections Diseases	Type:
Diabetes		Migraine Headaches	
Ear/Hearing Problems	Type:	Heart Problems	Type:
Emotional Problems	Type:	Bleeding Disorders	Type:
Seizures		High Blood Pressure	
Hepatitis		Muscular Weakness or Paralysis	
Meningitis			
Other:			

Allergies:

Reactions to Medicine or Injections?

Hospitalized for Serious Illness, Surgery or Accidents? (If yes, explain)	Yes	No

Use of Contact Lenses?	Yes	No
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Long Term Medications (List Below)

Name of Medication	Dosage	Name of Medication	Dosage

This **Contact Information Form** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name: _____

Signature: _____ **Date:** _____