

**HIGH SCHOOL INTAKE FORM**

**APPLICANT NAME:** \_\_\_\_\_

**Grade & Year Entering:** \_\_\_\_\_

**Former School:** \_\_\_\_\_

**LANGUAGES**

Students have the choice of studying French or Spanish during their time at NPA High School. Which language are you interested in studying?

- French
- Spanish

Please also indicate your current understanding of the language you selected:

- total beginner
  - some understanding
  - intermediate
  - advanced
- 

**INTERNATIONAL TRAVEL & HOSTING INTERNATIONAL STUDENTS**

NPA offers multiple international opportunities every year. If you are interested in joining one of the school trips, here are some things to plan for in the coming months:

- Updating your passport (the expiration date must be at least 6 months past the end of your travels)
- Participating in school fundraisers and info meetings for International Travel

International students comprise an important part of NPA's student body. Would your family be interested in hosting or learning more about how to host an international student who wants to come to NPA?

- Yes!
  - Maybe in the future
  - Not right now
- 

**ATHLETICS**

At NPA, everyone is welcome to participate in sports programs, regardless of prior experience. Please indicate which sports you are interested in:

**FALL**

- Girls' Tennis
- Boys' & Girls' Cross Country
- Girls' Volleyball

**WINTER**

- Boys' Basketball
- Girls' Basketball

**SPRING**

- Boys' Tennis
- Boys' & Girls' Track & Field



## **Family Enrollment Agreement**

As a family we understand that the Northcoast Preparatory & Performing Arts Academy (NPA) is a school of choice and that according to NPA's Code of Conduct all students must demonstrate that they wish to be part of the school community by adhering to the following requirements:

- Students must display a commitment to academics.
- Students must complete the assignments that they are given.
- Students must show respect for others, for themselves, and for their surrounding environment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

I understand that if NPA judges that my child is not adhering to the above requirements NPA will follow the disciplinary steps indicated in the Code of Conduct. I further understand that this process will result in expulsion if my child continues to fail to adhere to the above requirements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**MEDIA RELEASE FORM**

On occasion, representatives for the media and outreach of Northcoast Preparatory Academy (NPA) will wish to photograph, videotape, record, and/or interview students in connection with school programs or events for the purpose of record-keeping and publication. Celebrating our students and educating the public about the rich offerings of our school is one of NPA's ongoing goals.

In order to allow use of photos, video footage, recordings, or interviews related to your student, we need written permission from the student's parent/guardian. Please complete the form below to indicate whether or not you wish to give permission.

**Consent & Release Authorization**

**Participant's Name:** \_\_\_\_\_

In consideration of my interest in furthering the mission of NPA, I, (please print) \_\_\_\_\_, am the parent/guardian of Participant; or I am the Participant, and I am 18 years of age or older, and

- I give permission** for Participant to be photographed, videotaped, and/or interviewed by NPA or anyone authorized by NPA and for their name, image, and/or likeness to be included in, but not limited to, in the publication, display, or copyright of any business flyers, newsletters, websites, messages, videos, social media, or other advertisements or media that NPA may decide to develop, now or in the future.
- I do not give permission** for Participant to be photographed, videotaped, and/or interviewed by NPA or anyone authorized by NPA and for their name, image, and/or likeness to be included in, but not limited to, in the publication, display, or copyright of any business flyers, newsletters, websites, messages, videos, social media, or other advertisements or media that NPA may decide to develop, now or in the future.

I hereby release, discharge, and agree to hold harmless NPA and those acting under its permission from any claim of compensation or liability, to the extent permitted by law, related to the use of my child's likeness, voice or activities for preparation, distribution, and use of the production, as described above.

By signing this waiver and release I certify that I am the legal parent or guardian of the student identified above:

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EMERGENCY CONTACT RELEASE FORM**

Parents & Guardians: In the event we cannot reach you and it is necessary for your child to leave school (due to an emergency sickness or injury, power outage, natural disaster, etc.) please provide the emergency contacts who can also be responsible for the care of your child.

In case of an emergency and I am unavailable, please contact one of the following individuals to be responsible for (student's name) \_\_\_\_\_:

**Emergency Contact 1:**

1. Name (first, last): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Emergency Contact 2:**

2. Name (first, last): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Parent / Guardian Name (print):** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Note:** In the event we cannot reach either of the above individuals during or after an emergency, your student will be kept at school or evacuated as needed.

**INFORMED ACKNOWLEDGMENT**  
**FOR SCHOOL TIME OFF-CAMPUS CURRICULAR ACTIVITY**

Northcoast Preparatory Academy has limited space for physical and activities on its campus. To enable students to benefit from exercise, athletic endeavors and other curricular activities, we sometimes leave campus to walk, run, go to a park, learn at a non-school facility, and/or participate in games typically associated with general physical education. Such activities are always under the supervision of at least one teacher and all precautions are taken to ensure each student's welfare.

Students may use various methods of transportation including, but not limited to: school bus, school van, a teacher's vehicle, and walking.

THE PURPOSE OF THIS FORM IS FOR THE PARENT/GUARDIAN TO HAVE KNOWLEDGE OF THE FREQUENCY AND NATURE OF NORTHCOAST PREPARATORY ACADEMY'S OFF-CAMPUS CURRICULUM. THIS IS NOT A WAIVER OF LIABILITY FORM.

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

Grade or Group Participating: \_\_\_\_\_

By their very nature, some activities can put students in situations in which serious, catastrophic and perhaps fatal injuries may occur. These injuries could include, but are not limited to the following: Sprains/Strains, Fractures, Cuts/Abrasions, Unconsciousness, Paralysis, Disfigurement, Head Injuries, Loss of Eyesight, and Death. Parents/guardians and participants must assess the risks involved in such activity and make their choice to permit participation in spite of those risks. No amount of instruction, precaution or supervision will eliminate all risk of injury. By granting permission for your child to participate in activity you, the parent/legal guardian, acknowledge that such risk exists.

**AUTHORIZATION FOR MEDICAL CARE**

**If it becomes necessary for my child to have medical care during off-campus curriculum, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$ 50,000 (applies excess of family health insurance if applicable.)**

Student's Critical Medical Needs/Allergies/Conditions: \_\_\_\_\_  
\_\_\_\_\_

I hereby consent to Northcoast Preparatory Academy personnel permission to obtain emergency medical attention for my child.

Note: Please ensure that student's emergency and medical information is current and on file with the school office.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and permit my child to participate in the described above.

Date: \_\_\_\_\_

Parent /Legal Guardian Signature: \_\_\_\_\_