



Northcoast Preparatory and Performing Arts Academy

(To be completed by parent/guardian)

Office Use Only	
SSID No:	_____
DOR:	_____

NAME OF SCHOOL: **Northcoast Preparatory and Performing Arts Academy**

ANTICIPATED START DATE: _____

Student SS Number: _____

GRADE STUDENT IS IN NOW _____

Student's LEGAL Name: _____ Date of Birth: _____

(from birth certificate) Last Name First Name Middle Name Mo./Day/Year

Male
Female
Nonbinary

Parent/Guardian - Last Name, First Name	Relationship to Student	Home Phone	Cell Phone
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Mailing Address	City	State	Zip
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Residence Address (IF DIFFERENT)	City	State	Zip
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Email Address _____

Parent/Guardian - Last Name, First Name	Relationship to Student	Home Phone	Cell Phone
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Mailing Address	City	State	Zip
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Residence Address (IF DIFFERENT)	City	State	Zip
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Email Address _____

PARENT EDUCATION LEVEL: Check the response that describes the <u>highest</u> education level of parent/guardian(s):		
Not a high school graduate	Some college (includes AA degree)	Graduate school/post graduate training
High school graduate	College graduate	

Last School Attended: _____ Last Date of Attendance _____

Name of School City/State Phone No.

Has the student been expelled or is the student in the process of being expelled from any school? Yes No

If yes: Name of school(s): _____ Location(s): _____ Date(s): _____

Student Birthplace: _____ If not born in the U.S. what month/year did your child enter U.S.? _____ / _____

City, State, Country Mo./Year

What month and year did your child first enroll in a U.S. School? _____ / _____ In a California School? _____ / _____

What special services has your child received? (Please check all boxes that apply)				
<input type="checkbox"/> 504 / IEP Plan	<input type="checkbox"/> English Lang.Dev.	<input type="checkbox"/> Medical Health Plan	<input type="checkbox"/> Remedial Math	<input type="checkbox"/> Resource (RSP)
<input type="checkbox"/> Counseling	<input type="checkbox"/> Gifted / GATE	<input type="checkbox"/> PBIS / IBI	<input type="checkbox"/> Remedial Reading	<input type="checkbox"/> Speech/Language

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____
What language does your son/daughter most frequently use at home? _____
What language do you use most frequently to speak to your son/daughter? _____
Name the language most often spoken by the adults at home: _____

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
Non Hispanic or Latino

WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

American Indian or Alaskan Native (100) (Person having origins in any of the Original people of North and South America (including Central America)
Chinese (201)
Japanese (202)
Korean (203)
Vietnamese (204)
Asian Indian (205)
Laotian (206)
Cambodian (207)
Hmong (208)
Other Asian (299)
Hawaiian (301)
Guamanian (302)
Samoan (303)
Tahitian (304)
Other Pacific Islander (399)
African American or Black (600)
White (700)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

RESIDENCE – Where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)

In a single family permanent residence (house, apartment, condo, mobile home)
Doubled-up (sharing housing with other families/individuals due to economic Hardship, loss, or other reasons)
In a sheltered or transitional housing program
In a motel/hotel
Unsheltered (car/campsite)
Foster/Group Home
Other _____

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
_____	_____	Yes No	_____	_____
_____	_____	Yes No	_____	_____
_____	_____	Yes No	_____	_____

OTHER ADULTS IN THE HOME:

_____	Relationship	_____	Relationship
_____	Relationship	_____	Relationship

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ Signature of Parent/Guardian: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunizations: Type: _____ Verified by: _____	Enrollment Date	Teacher/Class Assignment	Schoolwise/SEIS Completed	Class list completed
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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
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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: _____