

NEW HORIZONS ACADEMY

6701 W. Charleston Blvd.

PH: (702) 876-1181

Las Vegas, NV 89146

FAX: (702) 365-7807

APPLICATION FOR ADMISSION

Application Date _____ Present grade _____ Grade entering in fall _____

Name of Student _____
LAST FIRST M.I.

Student's Social Security Number _____ Telephone _____

Address _____ Zip Code _____

Birthdate _____ Age _____ Male Female

School presently attending (if other than CCSD, give address) _____

Referred by _____

Father's Name _____

Address _____ Zip _____

Occupation _____ Employed by _____

Business Address _____ Tel# _____

Mother's name _____

Address _____ Zip _____

Occupation _____ Employed by _____

Business Address _____ Tel# _____

Student living with: Both Parents Mother only Father only

Other (relationship to student) _____

Siblings (names/ages) _____

Has student ever received a pschoeducational evaluation by schools or privately? Yes No
(If yes, give dates, name and address of each evaluator) _____

Counselor, Physician, Therapist child has/or is being treated by (include approximate dates of Treatment): _____

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Health problems (Heart, asthma, allergies diabetes, seizure disorders etc., ADD/ADHD, Addictive habits: i.e.: alcohol, tobacco, illegal drugs)_____

Is student now on medication? _____ (If yes, please complete MEDICATION FORM FOR PRESCRIPTION AND/OR OVER THE COUNTER MEDS ALLOWED –i.e. TYLENOL.)_____

Latest vision evaluation (Date, examiner’s name, and results): _____

Latest hearing evaluation (Date, examiner’s name, and results): _____

Brief history of academic / learning problems: _____

New Horizons Academy is a closed campus. That is, the student must remain on campus from the time they arrive until their transportation is available for departure. Students who, due to various reasons, cannot reside in a closed campus are not accepted. Student identified after admission as being unable to refrain from smoking, or using illegal drugs, etc., will not be allowed to remain at New Horizons Academy. There are no exceptions.

It is the parent and students’ responsibility to provide an adequate lunch during the school day.

Parent / Guardian Signature **Date**

Staff Accepting Application Signature **Date**

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**THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:
(PLEASE ✓ OFF)**

_____ REPORT CARD from latest school or transcripts for secondary students

_____ SCHOOL ACHIEVEMENT TESTS AND IEP'S

_____ PSYCHOEDUCATION EVALUATIONS completed by schools or other professionals (Not just IEP's)

_____ IMMUNIZATION – Clark County Health District Immunization requirements must be completed before enrollment and a copy of immunizations included

_____ BIRTH CERTIFICATE – A copy of birth certificate must accompany new students in grades K-2

_____ COMPLETED APPLICATION FORM- Including \$100 non-refundable fee

OFFICIAL REGISTRATION INTO NEW HORIZONS IS DEPENDENT UPON:

- Acceptance of the Admission Committee report
- Signature on all school application forms
- Receipt of all information requested (medical/psychological reports)
- Signature on and agreement upon first tuition payment, and monthly amounts

PARENTS REQUIRING FINANCIAL AID MUST:

_____ Apply for and complete the financial aid application

_____ Supply the school a complete copy of the most current 1040 – IRS forms

The financial aid application will be reviewed by the Director and Board of Directors Financial Aid Committee and the applicant notified as soon as possible.

OFFICE USE ONLY

Initial

Date