

Date Received \_\_\_\_\_

(Office)

**NSU MIDDLE LAB SCHOOL  
STUDENT ENROLLMENT APPLICATION**

S.S.# \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Ethnic Origin (check one)

911 Street Address \_\_\_\_\_ White

Mailing Address \_\_\_\_\_ Black

Home Telephone \_\_\_\_\_ Sp. Am.

Date of Birth \_\_\_\_\_ Oriental

School Last Attended \_\_\_\_\_ Indian

School Address \_\_\_\_\_ Other (specify)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address if different from above: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address if different from above: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name and address of person child lives with if other than parent listed above:

\_\_\_\_\_

Name and telephone number of person that may be notified if the school is unable to contact parent or guardian:

\_\_\_\_\_

Please list all other siblings in the home:                      Age:      Sex:                      School attending:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand, expect, and hereby authorize the use of my child and the child=s school records in testing, observation, and experimental research as needed by University personnel and University students as approved by the University. I hereby agree to pay the tuition and technology and resource fees that are required for admittance and continued enrollment in the Middle Laboratory School.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

ATTACH MOST RECENT REPORT CARD AND STANDARDIZED TEST SCORES