



## Parent(s) or Guardian(s)

Parent (1) Information: \_\_\_\_\_  
First Name Last Name

Home Address \_\_\_\_\_  
Street City State Zip

Primary Phone \_\_\_\_\_ Primary E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent (2) Information: \_\_\_\_\_  
First Name Last Name

Home Address \_\_\_\_\_  
Street City State Zip

Primary Phone \_\_\_\_\_ Primary E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Names & Ages of Brothers & Sisters \_\_\_\_\_

Name & Relationship of Relatives/Friends who have attended NHES: \_\_\_\_\_

## Other Applicant Information

- Does your child have a history of any special medical conditions? Yes or No  
*If "yes," please attach an explanation to this application.*
- Please attach a letter about your child that will better help us understand the cognitive, social, emotional, and ethical development and needs of your child.
- Please provide the school with copies of all previous and current report cards and testing reports for your child. We reserve the right to request official transcripts from all previous schools.

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

Your signature constitutes a waiver of access to all NHES admission files. Please return this application with the \$80 one-time, nonrefundable application fee.

*New Horizons Elementary School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. NHES does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, scholarship programs, and other school administered programs.*