NEW HORIZONS
ELEMENTARY SCHOOL
Thrive here.

Application for Admission

Applicant ___Male ___Female For Grade: _____ in the 20___- 20 ___ academic year

Full Name _____

Home Address _____
Street City State Zip

Primary Phone Number(s) _____

Primary E-mail Address _____

Date of Birth _____ **Place of Birth** _____

Citizenship _____

Current School _____ **Current Grade Level** _____

All Previous Schools Applicant has Attended:

_____

_____

_____

_____

Recommendations

Confidential teacher recommendations are an important part of the NHES admissions process. Please list the names and email addresses of at least two individuals that have direct knowledge of your child as a learner. Previous teachers are preferred. A survey will be forwarded to each person listed.

_____
Name Email Address Relationship to Applicant

_____
Name Email Address Relationship to Applicant

_____
Name Email Address Relationship to Applicant

3705 South College Road ~ Wilmington, NC 28412 ~ Tel: (910) 392-5209

office@newhorizonselementary.org

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 complete the attached questionnaire about your child that will better help us get to know them.**
- **Please provide the school with copies of all previous and current report cards and testing reports for your child if they are already in elementary school. 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 $100 one-time, nonrefundable application fee. Payment can be made through a check (either drop off or mail it) or venmo (@newhorizonselementaryschool). Please include your child's name in the note on the check or venmo comment.

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.