



## ***STUDENT INFORMATION FORM 2024-2025***

Resident District: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FILL IN ALL INFORMATION

Student Name: _____		NHSASID _____	
Mailing Address: _____			
Street/PO Box	Town	State	Zip Code
Phone: _____	Cell Phone: _____		
Date of Birth: _____	Age: _____	Male	Female
Will the Student be attending the resident district while attending NCCA?		Yes	No
Current Grade: _____	Current IEP: Yes	No	Current 504: Yes
			No

With whom does the student live with? _____			
Homeless: Yes	No	Eligible for Free/Reduced Lunch	Yes
			No
Primary Language: English	Spanish	French	Other _____

Primary Parent/Guardian	Secondary Parent/Guardian
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Physical Address: _____	Physical Address: _____
Mailing Address (if different): _____	Mailing Address (if different): _____
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Site Preference: Lancaster	Littleton	Session Preference: AM	PM
Parent/Guardian Signature: _____			
Student Signature: _____		Today's Date	



