



New World LEADERSHIP

Application for grade \_\_\_\_\_

(circle one) **5 Full Days** **5 Mornings** **5 Afternoons**

School Year 20\_\_\_\_ - 20\_\_\_\_

Please Print or Type

Student's Full Name: \_\_\_\_\_

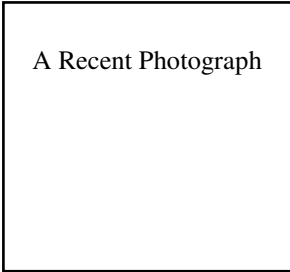
Male  Female

Date of Birth: \_\_\_\_\_  
Month Day Year Age in September

Home Telephone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_



Correspondence should be addressed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Student lives with (check all that apply):

- Mother
- Father
- Other(s) \_\_\_\_\_

- Stepfather
- Stepmother

- Parents Separated
- Parents Divorced

- Father Deceased
- Mother Deceased

Student's Brothers and Sisters:

\_\_\_\_\_  
Name Age School

\_\_\_\_\_  
Name Age School

\_\_\_\_\_  
Name Age School

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

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

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

\_\_\_\_\_  
Employer Position

\_\_\_\_\_  
Employer Position

Colleges Attended; Degrees: \_\_\_\_\_

Colleges Attended; Degrees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

Financial responsibility for the student's tuition will be assumed by: \_\_\_\_\_

**Maternal Grandparents:**

**Paternal Grandparents:**

Names \_\_\_\_\_

Names \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How did you learn about New World Leadership Children's Academy? \_\_\_\_\_

Name and relationship of relatives and/ or friends who are applying to NWL Children's Academy:

\_\_\_\_\_

Student's Present School: \_\_\_\_\_

Enrolled Since: \_\_\_\_\_ Grades Attended: \_\_\_\_\_ to \_\_\_\_\_

School Address: \_\_\_\_\_

School Office Phone: \_\_\_\_\_ Teacher or Advisor: \_\_\_\_\_

Previous School	City and State	Grades Attended	Years Attended
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Previous School	City and State	Grades Attended	Years Attended
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Has the applicant had any form of achievement, intelligence or psychological testing done during the last three years?

Name of Test: \_\_\_\_\_ Administered By: \_\_\_\_\_

**HEALTH**

Describe the student's general health: \_\_\_\_\_

Does he/she have any physical handicaps or allergies that would limit his/her participation in the full range of school activities?

Has the student ever suffered any serious injury or illness? \_\_\_\_\_

Is the student under the care of a physician, psychiatrist or psychologist? If so, please describe briefly:

\_\_\_\_\_

Our primary goal in the admission process is to try to find the right fit between school, student and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

What is it about NWL Children's Academy that appeals to you? Why do you think it would make a good choice for your son or daughter?

What are your immediate goals for your child?

Do you see your son or daughter as a fairly self-motivated and independent learner, or do you sense that he/she needs close supervision to stay on task?

What responsibilities does your son/ daughter have at this stage in his/her life around your home and neighborhood?

Describe your child's social style in terms of his/ her relationships to others (peers, adults, family) in new settings and familiar situations.

Does your child have specific interests or hobbies?

Languages spoken at home: \_\_\_\_\_

How would you describe your son or daughter's learning style?

Has your son or daughter had any previous difficulties in school? If so, what supports has you or his/her school provided?

What would else you like the Admissions Committee to know about your child?

A non-refundable fee of \$50.00 along with a copy of your child's birth certificate must accompany this application. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at the New World Leadership Children's Academy, and as authorization to our office to obtain transcripts and recommendations from previous schools.

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### **Authorization for the Release of Records**

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

On behalf of my child, \_\_\_\_\_, who is presently enrolled as a student at your school, I have applied for admission to the New World Leadership Children's Academy beginning with the term starting \_\_\_\_\_, 20\_\_\_\_. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments and observations of his/her overall development and progress. Enclosed you will also find copies of our confidential Recommendation Forms to be completed by all appropriate staff members.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please forward these records to:

New World Leadership, ATTN: Admissions, 16457 Cobblestone Drive, St. Louis, MO 63017