ADMISSION APPLICATION

45 First Street SW, Fort Walton Beach, FL 32548 info@newcreativeworksschool.org facebook.com/unlockingthenaturalgenius (850)-598-8857





www.newcreativeworksschool.org

School Year:	Date Submitted:			
Student Information:				
Student's Name: Birth:		Age:Date of		
Physical and Mailing Address:				
City:	State:		Zip:	
Email:		Home Phone:		
Father's Name:			_	
Physical Address (if different):				
City:		State:	Zip:	
Home Phone:Phone:		Work		
Preferred Email:				
Father's place of Employment:				

Mother's Name:				
Physical Address (if different):				
City:				
Home Phone:	Mobile Phone:		Work	
Preferred Email:				
Mother's place of Employment:				
Guardian's Name:				
Physical Address (if different):				
City:				
Home Phone:	Mobile Phone:		Work	
Preferred Email:				
Guardian's place of				
Employment:				

We, the parents/guardians of certify that the information on this form is complete and accurate and hereby submit application for admission New Creative Works School, pledging our cooperation and loyalty. Recognizing that it is a privilege to be a student at New Creative Works School, we promise to support and respect the rules and regulations as published or announced by the teachers and members of the New Creative Works School Board. As a student of New Creative Works School, I also pledge my cooperation and will do my best in my class work, to be faithful in my attendance, and to enter into strong spiritual life along with my fellow students and teachers.				
Signature of Parent:(Signature of Guardian)	Date:			
-	why you wish to send you child(ren) to New Creative Works hy you wish to attend New Creative Works School. Use			