



Registration Form

STUDENT:
FIRST NAME _____ **LAST NAME** _____
 (in English here) Male ___ or Female ___

ADDRESS: _____

PARENT(S) NAME(S): _____

PHONE(S): _____

EMAIL: _____

IDENTIFICATION INFORMATION

STUDENT'S DATE OF BIRTH _____

TYPE OF ID: (please choose one) _____
 _____ STUDENT'S PASSPORT
 _____ STUDENT'S SOCIAL SECURITY NUMBER
 _____ STUDENT'S ID NUMBER FROM PREVIOUS SCHOOL IF PROVIDED ON AN OFFICIAL TRANSCRIPT

Please provide either:

SOCIAL SECURITY NUMBER: _____
OR, PASSPORT NUMBER: _____
STUDENT ID NUMBER FROM PREVIOUS SCHOOL: _____

IF A STUDENT ID IS THE MEANS OF POSITIVE IDENTIFICATION, IS A SIGNED, STAMPED, OR EMBOSSED OFFICIAL TRANSCRIPT ENCLOSED WITH THIS FORM? ___ YES. ___ NO.

IF A PASSPORT IS THE MEANS OF POSITIVE IDENTIFICATION, IS A SIGNED, STAMPED, OR EMBOSSED VALIDATION BY A NOTARY ENCLOSED WITH THIS FORM? ___ YES. ___ NO.

Registering for which school year?

___ 2009-2010
 ___ 2010-2011
 ___ 2011-2012
 ___ 2012-2013
 ___ 2013-2014

Registering for which grade level?

___ K
 ___ 1st grade ___ 7th
 ___ 2nd ___ 8th
 ___ 3rd ___ 9th
 ___ 4th ___ 10th
 ___ 5th ___ 11th
 ___ 6th ___ 12th

HIGH SCHOOL Tuition Schedule Please mark your option.

A. Grades 9-11 or non-graduation years. ___ \$525
B. Graduation Year ___ \$675
The High School Handbook outlines the services included with your tuition.

C. Other services are available. Let us know what the need is.
 ● *As in most private schools, before any records, letters, diplomas, recommendations, or other documents are released from the school, the student's account must be paid in full.*

(1) If homeschooling, does this student intend to participate in public school extra-curricular activities, such as sports?
 YES ___ NO ___

(2) Does this student intend to enlist in the U.S. Military after high school graduation?
 YES ___ NO ___

Does this student have any health issues that would affect his or her learning ability? YES ___ NO ___
 If so, please briefly explain _____

Has this student been officially diagnosed with any special needs? YES ___ NO ___
 If so, please briefly explain _____

What else would you like us to know about this student (special interests, giftedness, achievements, goals, college-bound, etc)? _____

 (Use additional sheet if needed)

AS THE PARENT, YOUR SIGNATURE BELOW INDICATES YOU HAVE AUTHORIZED YOUR MINOR-AGE STUDENT TO REGISTER IN OUR SCHOOL FOR THE DESIGNATED SCHOOL YEAR, THAT YOU AGREE TO ABIDE BY THE TERMS OUTLINED IN THE PUBLISHED SCHOOL POLICIES, AND THAT YOU AUTHORIZE PREVIOUS SCHOOLS, WHEN NEEDED, TO TRANSFER YOUR STUDENT'S RECORDS TO NORTH ATLANTIC REGIONAL SCHOOLS.

✓ _____
 PARENT SIGNATURE (or adult student, age 18 or older) DATE _____

 NARS DIRECTOR DATE _____

PREVIOUS SCHOOLS ATTENDED	ADDRESS	GRADE LEVEL(S)
SCHOOL		

✓ *After completing this Registration Form, please sign, date, and submit it to N.A.R.S. along with the appropriate payment.*
 North Atlantic Regional Schools, 21 Westminster St., Lewiston, ME 04240 **800-882-2828**