



New Dimensions High School

4900 Old Pleasant Hill Road, Kissimmee, FL 34759

Tel. 407-870-9949 Fax 407-870-8976

2019-20 Enrollment Application

Upon completion of this application, your child will be considered for the 2019-20 school year registration. Please fill out one application per student. **ALL AREAS** must be answered. **Any area left unanswered will result in an incomplete application and will not be considered for the lottery.** **All Out of County or Private school applicants are required to bring in official transcripts from their current school with grades, attendance and discipline record or statement.** Applicants under expulsion or under court ordered supervision will not be considered for entry until satisfactory completion of one semester at their zoned school. Application can be submitted online, in person at our school office or fax to (407) 870-8976.

For School Use Only	
Date Received:	_____
Grades:	_____
Attendance:	_____
Discipline:	_____
Student ID:	_____
Previous School:	_____
ESE:	_____ ESOL: _____
FSA info: Math	_____ Reading: _____
Lottery: Yes	No
By:	_____

Applicant Information/Informacion del aplicante.

Please print and answer ALL questions below/Por favor escriba en letra de molde:

Date/Fecha: _____

First Name/Nombre: _____ MI: ____ Last Name/Apellido: _____

Gender/Sexo: ____ Female ____ Male Birthdate/Fecha de Nacimiento: ____/____/____

Student Birth Country/Lugar de Nacimiento: _____

Student's Primary Language/ Lenguaje primario: _____

STUDENT ID #: _____

Name of Parent or Guardian/Nombre del Padre o Tutor: _____

** Email: _____

Home Phone/Telefono del Hogar: _____ Cell Phone/Celular: _____

Street Address/Direccion: _____

City/Ciudad: _____ State/Estado: _____ Zip: _____

What school are you currently attending: _____

Expected grade level for 2018-19/Grado correspondiente para el año escolar 2018-19:

____ Freshman (9th) ____ Sophomore(10th) ____ Junior (11th) ____ Senior (12th)

Does the applicant have or had a sibling attending NDHS/Tiene el aplicante un hermano(a) en NDHS?

____ Yes ____ No If yes, Name:/Si contesto si, Nombre: _____

Does the applicant have a sibling currently applying to attend NDHS/Tiene el aplicante un hermano(a) aplicando?

____ Yes ____ No

Is the student currently receiving **ESOL services**/ Esta el estudiante recibiendo servicios de ESOL actualmente?:

_____ Yes _____ No

Is the student receiving Exceptional Student Education (ESE) services?

Esta el estudiante recibiendo servicios de ESE? _____ Yes _____ No

*****If you answer YES to this question, an IEP/EP needs to be turned in with the application.**

Does the student have a current IEP/Tiene el estudiante un IEP? _____ Yes _____ No

Does the student have a current EP/ Tiene el estudiante un EP? _____ Yes _____ No

Does the student have a current 504 Plan/ Tiene el estudiante un Plan 504? _____ Yes _____ No

Is the student receiving Gifted services/Esta el estudiante recibiendo servicios de Super Dotado? _____ Yes _____ No

How will NDHS benefit from your enrollment? How will you contribute to the continued success of NDHS?

Como NDHS se beneficiaria de tu inscripcion? Como tu aceptacion va a contribuir con el continuo exito de NDHS?

Parent or Legal Guardian Signature: _____

Date: _____

Enrollment Requirements:

- Complete Application
- Have and maintain a 2.5 or higher GPA
- Discipline and attendance records need to be in a good standing
- 11th and 12th graders must meet all mandated state graduation/exit requirements