NUHSD - School application

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Complete the online questions at nuhsdorg.org/enroll.html to submit to staff.
You may attach this completed PDF online. Keep your case number private.

1. School

_____

2. Student full name

_____

3. Requested grade

_____

4. Parent or guardian full name

_____

5. Email

_____

Confirm email: _____

6. Phone

_____

7. Home address, including city, state and ZIP

_____

8. Student date of birth (YYYY-MM-DD)

_____

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9. Current or previous school (None if first enrollment)

_____

10. Requested start date (YYYY-MM-DD)

_____

11. Your relationship to the student

_____

12. Preferred language for communication

_____

13. Emergency contact full name

_____

14. Emergency contact phone

_____

15. Transportation needed (Yes, No, or Unsure)

_____

16. Does your student have or need a Section 504 plan or IEP?

_____

504 / IEP / Both / Needs evaluation / Neither / Unsure / Discuss privately
Please do not include diagnoses or attach education records here.

I am the parent or legal guardian and confirm these details are accurate.
I consent to district staff reviewing this application and contacting me about enrollment.

Parent / guardian signature: _____ Date: _____