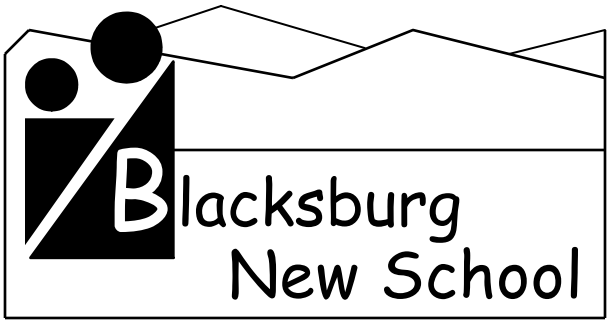
Student Application



Blacksburg New School
2500 North Main Street
Blacksburg, VA 24060
Phone: (540) 552-6693 Fax: (540) 552-5115

e-mail: enrollment@new-school.org
web: http://www.new-school.org

Date of Application _____

Student's Name _____
Last First Middle

Nickname _____ Birth date _____ Gender _____

Year and Grade Level for which you are applying _____

Parent's/Guardian's Name _____ Occupation _____

Home Address _____ Home Phone _____

_____ Work Phone _____

E-mail Address _____ Cell Phone _____

Parent's/Guardian's Name _____ Occupation _____

Home Address _____ Home Phone _____

_____ Work Phone _____

E-mail Address _____ Cell Phone _____

Previous Learning Environments

Please provide name, address (if out of town), and dates of attendance

School _____ Dates _____
From To

_____ Phone _____

School _____ Dates _____
From To

_____ Phone _____

School _____ Dates _____
From To

_____ Phone _____

Specific information that you feel might be valuable to Blacksburg New School in meeting the needs of your child (please use back of form or attach separate sheet if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Middle School Students Only

References (this should include former teachers and/or principals, if possible)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

How did you hear about the Blacksburg New School?

_____

_____

I certify that all of the above information is true to the best of my knowledge.

Signature _____ Date _____

The Blacksburg New School does not discriminate against employees, students, families, or applicants on the basis of race, ethnicity, gender, physical disability, age, national origin, religion, sexual orientation, physical appearance, or political affiliation.