



# NEW HEIGHTS ACADEMY

## AT SUMMIT

EMPOWERING LIFELONG LEARNERS

### Prospective Student Application Form

Thank you for your interest in New Heights Academy at Summit! Please complete the following application to help us get to know you and your family.

#### Part 1: Student Demographic Information

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
- **Gender:** \_\_\_\_\_
- **Grade Applying For:** \_\_\_\_\_
- **Intended Start Date:** \_\_\_\_\_
- **Home Address:**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_
- **Primary Phone Number:** \_\_\_\_\_
- **Email Address (Parent/Guardian):** \_\_\_\_\_

#### Part 2: Family and Household Information

- **Parent/Guardian 1 Name:** \_\_\_\_\_
  - Relationship to Student: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
- **Parent/Guardian 2 Name (if applicable):** \_\_\_\_\_
  - Relationship to Student: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
- **Who does the student live with? (Check one)**
  - ☐ Both parents
  - ☐ One parent (specify: \_\_\_\_\_)
  - ☐ One parent and a stepparent (specify: \_\_\_\_\_)
  - ☐ Other (specify: \_\_\_\_\_)

### Part 3: Educational and Community Background

- **Current School:** \_\_\_\_\_
- **Public School District of Residence:** \_\_\_\_\_
- **Religion:** \_\_\_\_\_
- **Congregation/Place of Worship (if applicable):** \_\_\_\_\_

### Part 4: Interest in New Heights Academy at Summit

Please answer the following questions in complete sentences. We want to understand why you and your family are interested in joining our community at New Heights Academy at Summit. Use additional paper if needed.

1. What do you hope to gain from your education at New Heights Academy at Summit that you might not find at another school?

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2. How do you think our school's values or approach to learning align with your personal or family goals?

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3. Describe a time when you faced a challenge (academic, personal, or otherwise). How did you handle it, and what do you think New Heights Academy at Summit could offer to support you in similar situations?

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4. What excites you most about the idea of being a student at New Heights Academy at Summit?

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5. Our school is a unique community. What do you think you can contribute to New Heights Academy at Summit, and how do you see yourself growing here?

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### **Part 5: Additional Information**

- **Is there anything else you'd like us to know about you or your family? (Optional)**

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### **Part 6: Signature**

I certify that the information provided in this application is accurate to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_