



APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

Dt. App. Rec. _____

App. Complete _____

Transcr. Rec. _____ Interv. _____

Deposit _____ Amt. _____ Date _____

Applicant's Full Name _____ (Last) (First) (Middle) Male Female

Preferred First Name _____ Social Security Number _____
(Do Not Provide Unless Accepted)

Date of Birth _____ (Month/Day/Year) Country of Birth _____ Citizenship _____

Applicant Lives With _____ (Name) (Relationship to Applicant)

Applicant's Home Address _____ (Street)

(City) (State/Province) (Country) (Zip/Postal Code) (Phone Number)

Home Phone _____ (Area Code) E-Mail Address _____

Check if Applicable Father Deceased Parents Divorced Father Remarried
 Mother Deceased Parents Separated Mother Remarried

How did you hear about Nawa? _____

Application for Admission to: _____ (Please check all that apply)

<input type="checkbox"/> Grade 7	<input type="checkbox"/> Fall of _____	<small>Please attach a student photo</small>
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Spring of _____	
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Current Age _____	
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Present Grade Level _____	
<input type="checkbox"/> Grade 11	Transcripts requested <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Grade 12	Immunization records included with application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Post Graduate	Applying to which Nawa Program? _____	

Please Note: This application is for the boarding school only.
A completed Nawa Summer Programs application must be completed when applying to a summer program.

Updated: 1-8-09

Family Information

Father's Name _____

Mother's Name _____

(Home Address)

(Home Address)

(City) (State/Province) (Country) (Zip/Postal Code)

(City) (State/Province) (Country) (Zip/Postal Code)

Home Phone _____

Home Phone _____

Occupation/Title _____

Occupation/Title _____

Name of Business _____

Name of Business _____

Work Phone _____

Work Phone _____

E-Mail Address _____

E-Mail Address _____

Cell Phone _____

Cell Phone _____

Fax Phone _____

Fax Phone _____

Who is the legal guardian?: (check all that apply)

Name _____

Father

Stepfather

Mother

Stepmother

Other (specify and give address) _____

(Address)

(City) (State) (Zip)

Phone _____

Note: In a divorce situation, proof of custody must be provided

Name of Parent/Guardian who is financially responsible for applicant: _____

Who should receive reports and other general notices?

Name _____

Father

(Address)

Mother

(City) (State) (Zip)

Other (specify and give address) _____

Phone _____

Paternal Grandparents

Maternal Grandparents

Name _____

Name _____

(Address)

(Address)

(City) (State) (Zip)

(City) (State) (Zip)

Please give names and ages of brothers and sisters _____

IMPORTANT ACADEMIC INFORMATION ON CURRENT COURSES:

Courses currently taking (please be sure to fill this out- use extra paper if necessary)	Approximate course grade (A-F)

Background Questionnaire

Name of Present School _____

Independent/Private

Public

Dates of Attendance _____

Address _____

(City)

(State/Province)

(Country)

(Zip/Postal Code)

(Telephone)

List names and locations of previous schools and summer educational programs attended (above grade 6):

Besides Nawa Academy, to what other schools will the applicant apply? _____

Has the applicant ever been suspended, expelled or withdrawn from any school for any reason? If yes, please explain:

Has the applicant ever been disciplined by legal authorities? If yes, please explain: _____

If the applicant has had any psychological testing, evaluations or counseling, please give the name of the counselor(s) and the dates involved.

Has the applicant's ability to function at school, in sports, or in other activities ever been restricted in any way for social, emotional or physical reasons? If yes, please explain:

Has the applicant ever been tested or evaluated for suspected learning disabilities? If yes, please explain:

Student Questionnaire

What subject(s) do you enjoy most? Please explain. _____

What subjects do you find most difficult? Please explain. _____

If your best friend were to describe you, what would he/she say about you? _____

Do you have an idea of the college(s) you would like to prepare for? If so, please list. _____

Do you have any idea of a career you would like to prepare for? If so, please list. _____

Please describe your goals while enrolled in the Nawa Academy. _____

Applicant's Signature

Date

Parent or Legal Guardian's Signature

Date

Please send your deposit payable to:
Nawa Academy
17351 Trinity Mountain Road
French Gulch, CA 96033

Background Questionnaire

Previous Outdoor Experience

NOTE: Applicant is not required to have previous knowledge or training in any category to participate in any Nawa Academy program.

	Beginner	Intermediate	Experienced
Family Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing (with ropes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River Rafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any comments about experience levels and/or phobias: _____

Has the applicant ever attended an outdoor program? Yes No

If yes, which one? _____

Was the program completed? Yes No

If no, explain reason: _____

Dietary Information

Is the applicant practicing any specific diet? Yes No

If yes, explain: _____

Which foods will not be eaten? _____

Additional dietary needs: _____

Medical Questionnaire (NOTE: Send a copy of the applicant's VACCINATION RECORD)
 Provide a copy of the applicant's medical insurance card
 Proof of Hepatitis B exam is required for all students entering 7th grade

General Medical History: _____

Height: _____ Weight: _____

Allergies: Poison Oak Y/N Bee Stings Y/N Do you carry a sting kit? Y/N

Other: (drug, asthma, hay fever, etc.) _____

Check if any of the following diseases have occurred in your immediate family:

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> High BP | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Neurological Disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Familial or Hereditary Bleeding Tendencies | | |

Comments: _____

Social History: Where born? _____

Recently been outside USA? Yes No

If yes, where? _____

What length of time? _____

Past History (check any of the following illnesses you have had)

- | | | |
|--|---|--|
| <input type="checkbox"/> 3 Day Measles (Rubella) | <input type="checkbox"/> Colitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hard Measles (Rubeola) | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Peptic Ulcer |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Diptheria | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Malaria | <input type="checkbox"/> Other |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hepatitis (Jaundice) | _____ |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> T.B. | _____ |

Operations: _____

Other Hospitalizations: _____

Serious accidents or injuries not listed above: _____

Medications currently taken: _____

Prescription Information: _____

Blood Transfusions (date & reason): _____

Date of last Tetanus shot: _____

Comments: _____

Emergency Notification and Data Sheet

Student: _____

(1) Legal Guardian: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

(2) Legal Guardian: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

In An Emergency Notify

(1) Name: _____

Relation to Applicant: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

E-Mail Address: _____

Best Times to Call: _____

(2) Name (someone in another city or state): _____

Relation to Applicant: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

E-Mail Address: _____

Best Times to Call: _____

Medical Insurance Billing Information

Company Name: _____

Telephone Number: _____

Policy/I.D. Number: _____

Address: _____

Comments: _____

Provide a copy of the applicant's medical insurance card

A copy of the applicant's VACCINATION RECORD is needed • Proof of Hepatitis B exam is required for all students entering 7th grade •



Authorization to Consent to Treatment of Minor

(If under 18 years old)

(I) (WE), the undersigned, parent(s) of _____ a minor, do hereby authorize NAWA as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon, and anesthesiologist, licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent: _____ Date Signed: _____

Parent: _____ Date Signed: _____

Legal Guardian: _____ Date Signed: _____

Witness: _____ Date Signed: _____

Insurance Billing Information

Carrier: _____

I.D./Certification#: _____

Address: _____

NAWA ACADEMY

Admission Agreement

This is an agreement for admission dated _____ between Nawa Academy and _____, referred to in this agreement as Parent. Parent wishes to enroll _____, age _____ in the _____, effective _____.

(Today's Date)

(Parent Name)

(Student Name)

(Name of Academic Program)

(Beginning Date)

1. Nawa Academy requires a \$1,000.00 one-time Entrance and Orientation Fee for new students to register for the school year. This is in addition to the charge for tuition, room and board. Returning students must pay a \$2,000.00 deposit to reserve a space for the upcoming school year. This deposit is deducted from the first tuition payment.
2. Tuition must be paid in two equal payments on or before July 10 and December 15 for the full school year. Exceptions must be agreed to in advance between Parent and Nawa Academy. Students entering after the beginning of the school year will have their tuition prorated with a payment agreement made in advance.
3. Tuition refunds are prorated at 12.5% per week for a period of eight weeks. Refer to the Parent Manual for more information.
4. Nawa Academy reserves the right to expel a student for just cause. Cause for expulsion may include, but is not limited to: illegal behavior (including substance abuse), physical danger to self or others, out of control behavior and failure to pay tuition.
5. Nawa Academy provides the following services as a part of the tuition charge: adult care and supervision of students, meals and snacks, educational instruction in academic courses and wilderness and rescue classes, academic reports, use of facilities at the California Campus, safe and proper equipment for each challenge, qualified instructors and staff, staff management of all prescription medications, and transportation to and from events and activities, airport or bus station (upon arrival or departure) and to medical care as needed.
6. Nawa Academy will provide the following services with associated costs billed or charged separately to parents: medical/dental charges, spending money, clothing, personal items, and extracurricular activities.
7. Nawa Academy reserves the right to use any photographs or video tapes of students for publicity purposes and maintains sole proprietorship of all photographs and video tapes.
8. Parent agrees to provide medical insurance for student, and/or to reimburse all providers for medical costs associated with minor.
9. Parent is responsible for all medical costs associated with injury resulting from accidents and sickness while student is enrolled in an academic program. Parent acknowledges that even though Nawa Academy takes prudent and proper precautions against injury, there are inherent risks and dangers participating in wilderness and rescue training and unconventional sports. As such, Parent agrees to read and sign the Assumption of Risk and Responsibility form prior to student's participation in program.
10. Parent is responsible for the cost of transportation between home and school and holds Nawa Academy harmless when student uses public transportation.
11. Parent is expected to make arrangements for student during vacation breaks of Thanksgiving, Christmas and Easter. If the student is to attend summer school, parent is responsible for arrangements for summer breaks on either side of summer school. Parents wishing Nawa Academy to provide care and supervision during vacation periods must make arrangements a

Initial Here

NAWA ACADEMY

Admission Agreement Continued

minimum of 30 days in advance and reimburse Nawa Academy in advance for associated costs.

- 12. Nawa Academy is not responsible for student belongings and will not reimburse student or parent for lost or stolen clothes, personal items or equipment.
- 13. Nawa Academy does not discriminate regarding race, sex, color, religion, natural origin, or ancestry in its admission policies and services offered to students.
- 14. Tuition and program for the above:

Program: _____ Dates: _____ to: _____
(Name of Academic Program) (Beginning Date) (Ending Date)

Tuition, Room and Board (excluding fees): \$ _____

Payments: (1) _____ \$ _____
(Date) (Amount)

(2) _____ \$ _____
(Date) (Amount)

Has an alternative financial arrangement been approved by Nawa Academy? Yes No

Parent

Director of Admissions, Nawa Academy

Date

Date

- and -

- or -

Student

Administrator, Nawa Academy

Date

Date

Please send your deposit (Entrance & Orientation Fee)
payable to:

NAWA
17351 Trinity Mountain Road
French Gulch, CA 96033 U.S.A.

Notice of Nondiscriminatory Policy As To Students
 Nawa Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



ACKNOWLEDGMENT OF RISKS • ASSUMPTION OF RISK AND RESPONSIBILITY • RELEASE OF LIABILITY

WARNING: NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “ act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

CONVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group ; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: **NAWA**, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant’s Name (printed): _____ Participant’s Signature: _____

In an emergency, notify: _____

Phone: _____ Date of Birth: _____

Date: ____ / ____ / ____ Age of Participant: _____

If the Participant is under 18, the Parent or Legal Guardian must also sign: _____



ACKNOWLEDGMENT OF RISK FORM FOR PARTICIPATION ON NATIONAL FOREST LAND

WARNING: NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “ act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses thereof as a result of my (our) negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of NAWA.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group ; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

Agreement: I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by NAWA. I (we) further understand that NAWA reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant’s Name (printed): _____ Participant’s Signature: _____

In an emergency, notify: _____

Phone: _____ Date of Birth: _____

Date: ____/____/____ Age of Participant: _____

If the Participant is under 18, the Parent or Legal Guardian must also sign: _____

NAWA ACADEMY

Transcript Release Form

NAWA ACADEMY is fully accredited by the Western Association of Schools and Colleges

Parent/Guardian: Please submit this form to your current school's registrar as soon as possible:

School Registrar: Please mail this form and official transcript to the Admissions Office at Nawa Academy.
Please also FAX this form and a copy of the most current transcript to: (530) 359-2229.

Student Name: _____

Applicant's Home Address: _____
(Street)

(City) (State) (Zip) (Country) (Phone Number)

Date of Birth: _____

Social Security Number: _____

Name of Present School: _____

School Address: _____
(Street)

(City) (State) (Zip) (Country)

(Name of School Registrar) (FAX Number) (OFFICE Number)

To the Guidance Office or Registrar:

Please **FAX** a current transcript to:

Nawa Academy
Director of Admissions
FAX: (530) 359-2229
QUESTIONS? Contact us at (530) 359-2215

- AND -

Please **MAIL** a current **OFFICIAL** transcript to:

Nawa Academy
Director of Admissions
17351 Trinity Mountain Road
French Gulch, CA 96033
Contact us at (530) 359-2215 with questions

Signed: _____
Parent or Legal Guardian

Date: _____

Random Drug Testing Parent Permission Form

Substance abuse is prevalent in many areas of our society. Nationally recognized studies have demonstrated repeatedly that most students in grades 7-12 have, at least once, tried some form of substance abuse. Many experiment much more than their parents ever suspect. In a school that does not worry about substance abuse until an overdose, or behavior that sabotages educational performance, testing is viewed as a nuisance and possible infringement upon a teenagers rights.

However, Nawa Academy feels differently. We are concerned with substance abuse because we know the tragic effects it can have on ones education and ones life. Impulsiveness and low self-esteem are not uncommon with this age group. Substance abuse simply magnifies these issues and makes them chronic problems. Therefore, Nawa Academy believes strongly in prevention and the best available form of prevention besides staff diligence is random testing. Please help us to help your child make good decisions by signing this Parent Permission Form.

This form must be signed in order for a student to enroll in Nawa Academy.

I (parent or legal guardian name)_____ hereby give my

permission for Nawa Academy to conduct occasional random drug testing of my child (child's name)

_____, date of birth_____, to be performed

on site by a trained and qualified staff member. I understand that data will be taken to a medical clinic or

laboratory that is chosen by Nawa Academy for evaluation. I am willing to sign any required forms re-

quested by the medical clinic or laboratory and pay the costs for the drug testing.

Parent/Legal Guardian Signature:_____ Date:_____

Admissions Checklist

DIRECTIONS: Use this checklist as you fill out the application. Please include this checklist with the application and necessary paperwork when you return it to Nawa Academy. Upon receipt of this application, Nawa Academy will verify that all of the documents have been completed. If additional paperwork is needed someone from the Office of Admissions will be in contact with you.

For Office Use Only

- | | |
|---|--------------------------|
| <input type="checkbox"/> Application..... | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Questionnaire..... | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Notification and Data Sheet..... | <input type="checkbox"/> |
| <input type="checkbox"/> Authorization to Consent to Treatment of Minor..... | <input type="checkbox"/> |
| <input type="checkbox"/> Admission Agreement..... | <input type="checkbox"/> |
| <input type="checkbox"/> Acknowledgment of Risks • Assumption of Risk & Responsibility • Release of Liability..... | <input type="checkbox"/> |
| <input type="checkbox"/> Acknowledgment of Risk for Participation on National Forest Land..... | <input type="checkbox"/> |
| <input type="checkbox"/> Transcript Release Form (complete this form and submit it to your current school's registrar)..... | <input type="checkbox"/> |
| <input type="checkbox"/> Random Drug Testing Parent Permission Form..... | <input type="checkbox"/> |
| <input type="checkbox"/> Immunization Records..... | <input type="checkbox"/> |
| Note: Immunizations must include Polio, Diptheria, Tetanus, Pertussis, Measles, Mumps, and Rubella. | |
| <input type="checkbox"/> Varicella (required for non-California residents.)..... | <input type="checkbox"/> |
| <input type="checkbox"/> Hepatitis B (required if applying for admission into the 7th grade.)..... | <input type="checkbox"/> |
| <input type="checkbox"/> Proof of Medical Insurance (must provide a copy of the medical insurance card.)..... | <input type="checkbox"/> |