

3695 Lindell Rd. Las Vegas, NV 89103 | 702.896.8000 | info@nasriacademy.org

## Nasri Academy for Gifted Children

## **Application for Admission**

## **APPLICANT INFORMATION**

	First	Middle
Gender:	:[]Male[]Female T-Shi	rt Size
Current Grade:	Applicant for Grad	de:
Street		
City	ST	Zip
Reaso	n for Leaving	
	PARENT/GUARDIAN #2	
	Name:	
	Address:	
	Cell:	
	Email:	
	Occupation/Position:	
	Employer:	
	Work Telephone:	
	Current Grade: Street  City icant Attended (star Reaso Reaso	Gender: [ ] Male [ ] Female T-Shing Applicant for Grade: Applicant for Grade: Street Street Street Street Reason for Leaving Reason for Leaving PARENT/GUARDIAN #2 Name: Address: Cell: Email: Occupation/Position: Employer:

## Nasri Academy for Gifted Children – Continued Application PERSONAL INFORMATION

How did you hear about Nasri Academy?	
Have you applied to Nasri before?	
Are any languages besides English spoken at hor	ne?
Please describe your child's personality, talents	and special interests:
What do you and your child enjoy doing together	?
What are your hopes and goals for your child?	
What are your expectations for your child while a	ttending Nasri Academy?
List any professional tutoring or especial instruct	-
months.	
What talents or resources could you (as parents) community?	contribute to the Nasri Academy
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What talents or resources could you (as parents) community?  PARENT/GUARDIAN SIGNATURES  (Parent Initial) [] I DO [] I DO NOT  Give permission for my information to be in the Nasri Academy	contribute to the Nasri Academy  [] YES [] NO
What talents or resources could you (as parents) community?  PARENT/GUARDIAN SIGNATURES  (Parent Initial) [] I DO [] I DO NOT  Give permission for my information to be in the Nasri Academy Parent Directory	[] YES [] NO I would like to be a room parent  Full Name (Print):
What talents or resources could you (as parents) community?  PARENT/GUARDIAN SIGNATURES  (Parent Initial) [] I DO [] I DO NOT  Give permission for my information to be in the Nasri Academy Parent Directory  Full Name (Print):	Contribute to the Nasri Academy  [] YES [] NO I would like to be a room parent
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What talents or resources could you (as parents) community?	Contribute to the Nasri Academy  [] YES [] NO I would like to be a room parent  Full Name (Print):  Date:  Signature:
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