



New Dimensions High School

4900 Old Pleasant Hill Road, Kissimmee, FL 34759

Tel. 407-870-9949 Fax 407-870-8976

Enrollment Application

Upon completion of this application, your child will be considered for this school year registration. Please fill out one application per student. **ALL AREAS** must be answered. **Any area left unanswered will result in an incomplete application and will not be considered for the lottery.** Applicants under expulsion or under court ordered supervision will not be considered for entry until satisfactory completion of one semester at their zoned school. Application can be submitted online, in person at our school office or fax to (407) 870-8976.

Applicant Information/Informacion del aplicante.

Please print and answer ALL questions below/Por favor escriba en letra de molde:

School year: 20____ - 20____ Semester: ____ August ____ January

First Name/Nombre: _____ MI: ____ Last Name/Apellido: _____

Gender/Sexo: ____ Female ____ Male Birthdate/Fecha de Nacimiento: _____

Student Birth Country/Lugar de Nacimiento: _____

Student's Primary Language/ Lenguaje primario: _____

STUDENT ID #: _____

Name of Parent or Guardian/Nombre del Padre o Tutor: _____

** Email: _____

Home Phone/Telefono del Hogar: _____ Cell Phone/Celular: _____

Street Address/Direccion: _____

City/Ciudad: _____ State/Estado: _____ Zip: _____

What school are you currently attending/A que escuela asiste actualmente? _____

Expected grade level for this school year /Grado correspondiente para este año escolar:

____ (9th) Freshman ____ (10th) Sophomore ____ (11th) Junior ____ (12th) Senior

Does the applicant have or had a sibling attending NDHS/Tiene el aplicante un hermano(a) en NDHS?

____ Yes ____ No If yes, Name:/Si contesto si, Nombre: _____

Does the applicant have a sibling currently applying to attend NDHS/Tiene el aplicante un hermano(a) aplicando?

____ Yes ____ No

For School Use Only

Date Received: _____

Grades: _____

Attendance: _____

Discipline: _____

Student ID: _____

Previous School: _____

ESE: _____ ESOL: _____

FSA info: Math _____ Reading: _____

Lottery: Yes No

By: _____

Is the student currently receiving **ESOL services**/ Esta el estudiante recibiendo servicios de ESOL actualmente?:

___ Yes ___ No

Is the student receiving Exceptional Student Education (ESE) services?

Esta el estudiante recibiendo servicios de ESE? ___ Yes ___ No

*****If you answer YES to this question, a current IEP/EP needs to be turned in with the application to avoid delay in the application process.**

Does the student have a current IEP/Tiene el estudiante un IEP? ___ Yes ___ No

Does the student have a current EP/ Tiene el estudiante un EP? ___ Yes ___ No

Does the student have a current 504 Plan/ Tiene el estudiante un Plan 504? ___ Yes ___ No

Is the student receiving Gifted services/Esta el estudiante recibiendo servicios de Super Dotado? ___ Yes ___ No

How will NDHS benefit from your enrollment? How will you contribute to the continued success of NDHS?

Como NDHS se beneficiaria de tu inscripcion? Como tu aceptacion va a contribuir con el continuo exito de NDHS?

Parent or Legal Guardian Signature: _____

Date: _____