



2018-2019 Enrollment Form



Student Information

Name _____ Male/Female _____

Date of Birth _____ Age _____ Student will be entering _____ grade in the fall

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Information

Name _____

Email _____

Phone Number: _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian Information

Name _____

Email _____

Phone Number: _____

Street Address _____

City _____ State _____ Zip _____

More Information (Check all that apply)

____ My child currently attends the Kaukauna Area School District (Name of school) _____

If not, my child currently attends _____ School District

____ My child's educational program is currently governed by an I.E.P

Area(s) of Special Need: _____

____ My child would need Wrap Around Care (**applies to 4K students only**)

How did you hear about NDLC? _____

Transportation Information

Students are eligible for transportation to NDLC as follows:

- 4K and Kindergarten students living more than 0.5 mile and reside in the Quinney attendance area.
- Grades 1-4 students living more than 1.0 mile from the school (designated pick up points.) and reside within the Electa Quinney School boundaries.

Open Enrollment Information

If you are not a resident of the Kaukauna Area School District, you must complete an Open Enrollment Application. Visit the DPI [website](#): or contact 920-759-6109 for assistance.

(OVER)

NDLC has a limited number of enrollment openings. Students applying are asked to provide the information requested and return it to the address listed above as soon as possible. The preliminary application deadline is February 2nd at 4:00 pm. Should there be more applicants than space available a lottery system will be used. Notification of placement within NDLC will be sent via mail by May. Applications will be accepted after the deadline for openings and/or addition to the waiting list.

The Kaukauna Area School District does not discriminate on the basis of age, race, creed, religion, color, physical, mental, emotional or learning disability, marital or parental status, pregnancy, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, or military service.

My signature on this form indicates my request to have my child attend New Directions Learning Community

_____ Date _____

Deliver or send application to:

New Directions Learning Community

C/O Abbey Frischmann

2601 Sullivan Ave

Kaukauna, WI 54130