



Sail Nauticus Academy 2017-2018 Application

Application Deadline: April 27, 2017

PART I

Part I must be completed by a parent or guardian. Please complete the following forms in their entirety.

1. Student Information

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET NAME
CITY STATE ZIP

Home Phone: _____ Grade Entering Sept. 2017: _____
*Only rising 6h grade students are eligible to apply

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Prefer not to say
MONTH / DAY / YEAR

Race: ☐ White/Caucasian ☐ African-American ☐ Latino/Hispanic ☐ Native American/Pacific Islander ☐ Other/Mix

School attended in 2016-17: _____

School attending in 2017-18: _____

Student ID #: _____

Are you applying to any specific schools (e.g. Lakewood, Rosemont, etc.)? If so, please list:

2. Parent/Guardian Information

Parent/Guardian Name: _____

Relationship: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Approved to pick up? ☐ Yes ☐ No

Additional Parent/Guardian Name: _____

Relationship: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Approved to pick up? ☐ Yes ☐ No

Additional Parent/Guardian Name: _____

Relationship: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Approved to pick up? ☐ Yes ☐ No

3. Additional Emergency Contact Information

Emergency Contact (not parent or guardian): _____

Relationship: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Approved to pick up? ☐ Yes ☐ No

Emergency Contact (not parent or guardian): _____

Relationship: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Approved to pick up? ☐ Yes ☐ No

Please list all other persons who may pick up your child from Sail Nauticus (persons will be asked for identification upon picking up your child):

4. Household Information

Would you describe your household as a “single-parent home”? ☐ Yes ☐ No

Household Size (Total number of persons who live in your home with the student): _____

Annual Household Income (Please include income from all family members living in the household—wages, public assistance, retirement, disability, gifts, loans, and all other income): _____ dollars/year

Please attach one of the following documents to verify income: last three (3) paystubs, lease for public housing, statement for retirement income, disability, social security, and/or EBT income.

Household Composition (Please list all the persons who currently live with the student, including you):

Name	Age	Relation to Student

5. Extracurricular Activities

Please list all extracurricular activities your student participates in during the school year, and the weekly time commitment:

6. Health Information

Child's physician and phone number: _____

Please list any allergies, intolerance to food, medication, or other substances AND actions to take in an emergency situation:

Please list any chronic physical problems, pertinent developmental information, and special accommodations needed:

7. Parent/Guardian Expectations & Agreement

By signing below, I understand that if my child is accepted into the 2017-2018 Sail Nauticus Academy Program, my child and I (or an adult representative of my choice) MUST attend the Academy Orientation that will occur before the program begins. This Orientation is absolutely mandatory, and will occur August 2017, a specific date TBA. Sail Nauticus will work with families who are unable to attend due to extenuating circumstances.

Signature of Parent/Guardian: _____

Please review and sign the Release of Information Form on the next page.



2017-2018 Release of Information

By signing below, I understand that if my child is accepted into the 2017-2018 Sail Nauticus Academy Program, I give my permission to my child's school to release the following school records to Sail Nauticus:

- Academic records
 - Report Cards, SOL scores, Evaluations
- Attendance Records
- Health Records
 - Health Physical and Immunization Documentation
- Discipline/Behavior Referrals
- Documentation that indicates that your child has an active IEP, or information detailing their special education needs
- Copies of items that may confirm your child's identity
- Free/reduced lunch status

I am aware that I may review or challenge the records prior to their release.

This permission to release information to Sail Nauticus about my student is to be in effect until one (1) month after the conclusion of the Sail Nauticus program, or until the date when my student leaves the Norfolk Public School system, whichever date occurs sooner.

Printed Name of Student: _____

Primary School: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Please print and sign this form and return with application, or email directly to peter.leighton@norfolk.gov.

PART II

Part II must be completed by the student. Please give a brief answer to each of these questions—they will help us get to know you better!

Question 1: What do you hope to gain from being a part of Sail Nauticus Academy?

Question 3: Have you ever been on a boat? How well do you swim?

Question 4: What is your favorite subject in school? Why?

Question 5: How many absences have you had this school year? Please check one:

- ☐ Zero Absences ☐ 1-5 absences ☐ 6-10 absences ☐ 10 or more absences

Explain, if desired: _____

Question 5: What are your hobbies? Favorite sport?

Question 6: Do you know what you want to be when you grow up?

Do you have any questions for us?
