



NORTH CEDAR ACADEMY

1500 Port Arthur Road, Ladysmith, Wisconsin 54848, USA

Tel: +1 (715) 609-1723, Fax: +1 (715) 532-9916

admissions@northcedar.net | northcedar.net

APPLICATION FOR ADMISSION

Please Print or Type

STUDENT APPLICANT INFORMATION

Date of Application _____ MM/DD/YYYY Date of entrance to North Cedar Academy: Fall Spring Year _____ Current Grade _____ Apply for Grade _____

Applicant's Full Name _____ Given Name(s) _____ Family name/Surname Preferred Name or Nickname _____

Gender _____ Date of Birth _____ MM/DD/YYYY City of Birth _____ Country of Birth _____

Country of Citizenship _____ E-mail Address _____ Mobile Phone _____ Include country and city/area codes

WhatsApp _____ WeChat _____ Home Phone _____ Preferred Method of Contact _____ Include country and city/area codes

Student's Physical Address _____ Include building number, street, district, and apartment number if applicable, in the format it is typically written in your country. City _____

State or Province _____ Zip/Postal Code _____ Country (if not U.S.) _____

How did you hear about NCA? _____ Consultant Company _____ If applicable Consultant Office _____ If applicable List city the office is located in.

Consultant Name _____ If applicable Email _____ If applicable Phone _____ If applicable Web URL _____ If applicable

FAMILY INFORMATION

Name of Parent 1 _____ Given Name(s) _____ Family name/Surname Preferred Name _____ Date of Birth _____ MM/DD/YYYY

E-mail Address _____ Mobile Phone _____ Include country and city/area codes Work Phone _____ Include country and city/area codes WhatsApp _____

WeChat _____ Preferred Method of Contact _____ Lives with Student: Yes Yes, part-time No

Occupation or Position _____ Name of Business _____ Business Address _____

Business Phone _____ Business E-mail _____ Languages Spoken _____

Where should admission materials be sent? Student Parent 1 Parent 2 Consultant Other _____

If parents are divorced, separated, or no longer have custody, who has legal custody of the student? _____



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Name of Parent 2 _____ Preferred Name _____ Date of Birth _____
Given Name(s) Family name/Surname MM/DD/YYYY

E-mail Address _____ Mobile Phone _____ Work Phone _____ WhatsApp _____
Include country and city/area codes Include country and city/area codes

WeChat _____ Preferred Method of Contact _____ Lives with Student: Yes Yes, part-time No

Occupation or Position _____ Name of Business _____ Business Address _____

Business Phone _____ Business E-mail _____ Languages Spoken _____

Sibling 1 _____ Age _____ Grade _____ School Name _____ Lives at home? Yes Yes, part-time No
Given Name(s)

Sibling 2 _____ Age _____ Grade _____ School Name _____ Lives at home? Yes Yes, part-time No
Given Name(s)

Sibling 3 _____ Age _____ Grade _____ School Name _____ Lives at home? Yes Yes, part-time No
Given Name(s)

Sibling 4 _____ Age _____ Grade _____ School Name _____ Lives at home? Yes Yes, part-time No
Given Name(s)

List any other people who live in the home, followed by their relationship to the student: _____

EDUCATION

Present School _____ Principal or Counselor _____ Email _____ Phone _____

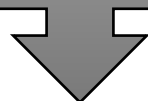
Secondary schools attended (If you withdrew before the completion of any school year, list date withdrawn and reason.):

School _____ Location _____ Date Withdrawn _____ Reason _____

School _____ Location _____ Date Withdrawn _____ Reason _____

School _____ Location _____ Date Withdrawn _____ Reason _____

Please ensure that you answer the next question truthfully and completely. Answering "yes" may not necessarily prevent your admittance. However, it is imperative that you provide complete, accurate, and truthful information. Failure to do so may result in your admission being denied or withdrawn, or in your dismissal after enrollment.





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Have you ever been found responsible for any disciplinary violation at an institution you have attended that resulted in your probation, suspension, removal, dismissal, or expulsion? If so, please describe: _____

Have you ever received psychological or psychiatric counseling? Yes No

Have you ever been tested for a learning disability? Yes No

Are you now or have you ever received special education support services and/or been on an Individual Education Plan (IEP)? Yes No

IF you answered Yes to any of the above questions, please give details below and have complete documentation sent to North Cedar Academy:

INTERESTS

Academic awards or designations: _____

Leadership positions held: _____

Hobbies & Special interests: _____

Describe your level of participation in the following activities:

◆ Music: _____

◆ Art: _____

◆ Athletics: _____

◆ Volunteering: _____

◆ Travel: _____