New Vision International School

A Ministry of NVIS International Ministries, Inc. Ph. 812-351-0977: www.nvis.org

Enrollment Checklist

Student Enrollment Application (Form 2001-002)	Date Requirement for Completing Enroller MM/DD/YYYY Immunization Record (Copy)	udent's Name:	Age:	_ DOB:MM	/DD/YYYY	School Year:
Student Enrollment Application (Form 2001-002) MM/DD/YYY Immunization Record (Copy)	MM/DD/YYYY Immunization Record (Copy) MM/DD/YYYY Social Security Card (Copy) MM/DD/YYYY Proof of Insurance (Copy) MM/DD/YYYY Birth Certificate or Passport (Copy) MM/DD/YYYY Student's previous school record (Copy) MM/DD/YYYY Student's previous sc	ew Vision Int'l School in order for plicable criteria must be met in o	your child's name to be add	led to the roster	for the upo	coming school year. All
Financial Agreement (Form 2001-004) DD/YYYY Statement of Cooperation (Form 2001-006) DD/YYYY Student Medical Record (Form 2001-003) MM/DD/YYYY Birth Certificate or Passport (Co., MM/DD/YYYY) Handbook Receipt Acknowledgment (Form 2001-005) MM/DD/YYYY Student's previous school record (Form 2001-005) Date Completed	MM/DD/YYYY Social Security Card (Copy) MM/DD/YYYY Birth Certificate or Passport (Copy) MM/DD/YYYY Student's previous school record (Copy) MM/DD/YYYY Birth Certificate or Passport (Copy) MM/DD/YYYY Student's previous school record (Copy)	Date Requirement for	Completing Enrollment	Date	Requirem	nent for Completing Enro
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Reason for not accepting student:				. ozacionar y em omn		zent / location

Created: 08/2024 :: Revised: 08/2024 :: Adopted: 08/2024 Admissions Document 2001-001