



PRE-ADMISSION FORM

You may print this out and fill it in and mail or fax it to us, or call us and give the information over the phone.

Name, address, phone of person considering enrollment of a child:

How did you hear about NMCCH? _____

Child's Name	Gender	Birth Date	Grade in School	Report Card Grades
_____	M F	_____	Pre K 1 2 3 4 5 6 7 8 9 10 11 12	A B C D F
_____	M F	_____	Pre K 1 2 3 4 5 6 7 8 9 10 11 12	A B C D F
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_____	M F	_____	Pre K 1 2 3 4 5 6 7 8 9 10 11 12	A B C D F

Reason for placement request (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Need change of environment | <input type="checkbox"/> Need more structure and supervision |
| <input type="checkbox"/> To ensure education/graduation | <input type="checkbox"/> Financial needs |
| <input type="checkbox"/> To change educational setting | <input type="checkbox"/> Counseling needs |
| <input type="checkbox"/> Alternative to boarding school | <input type="checkbox"/> Other (specify below) |

Additional needs or information:

