

# **2019-2020 NUAMES-North ENROLLMENT APPLICATION**

Questions-please call 801-626-8600

Student's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Please provide full given name as it appears on birth certificate)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male  Sibling has attended  
NUAMES (Sibling name below): \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_ Guardian #2 Name: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
Street City Zip Code

Student Lives With: Both Parents\_\_ Father\_\_ Mother\_\_ Other\_\_

Current School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Boundary High School: \_\_\_\_\_  
Current School District: \_\_\_\_\_

**Grade for 2019-2020:**  10<sup>th</sup> Grade  11<sup>th</sup> Grade

Student Number: \_\_\_\_\_ (If student is from **Davis School District**)

I understand that by signing this document, I am making an official request to apply for admission to the *Northern Utah Academy for Math, Engineering and Science (NUAMES)*. I authorize *NUAMES* to request school records and other documents deemed necessary to process my application.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email or Mail Application: NUAMES High School**  
**Attn: Sherene Keith ☺**  
1465 Edvalson St.  
Ogden, UT 84408  
  
skeith@dsdmail.net

## **MUST INCLUDE:**

- \* **Birth Certificate Copy**
- \* **Immunization Copy**  
(must be current in UTAH)
- \* **Transcript**
- \* **Spec Ed/504/ IEP Records**

**\*\*All students must have completed 9<sup>th</sup> grade to attend. Students will be tested in Math to determine appropriate placement at NUAMES. Testing will take place in the Spring of 2019.**