



Application for Admission

APPLICANT'S FULL NAME: _____
(Last) (First) (Middle) (Nickname)

ADDRESS: _____ Home Phone: _____

DATE OF BIRTH: _____ Male Female

Currently in Grade: _____ Applying for Grade: _____ Applying for School Year: ____/____

Name of parent(s) or guardian(s): _____

Child's Primary Address is with : Both Parents Father Mother Other: _____

Occupation of parent: _____ Church Affiliation: _____

(Pastor's Name) (Address) (Phone number)

Please give the names and addresses of two adults other than relatives who know your child and would be able to give an evaluation of his personal qualifications.

Name: _____ Address: _____

Name: _____ Address: _____

School child is presently attending: (If applicable)

School Name: _____ Phone: _____

Address: _____

Has the Student Ever: **Check YES/ NO:** **EXPLANATION:**

Repeated any grade? Yes No _____

Been Dismissed or suspended? Yes No _____

Name of Counselor: _____ Address: _____ Phone: _____
(If none, name teacher who knows child best)

Please List Applicant's Siblings: (If applicable)

<u>NAME</u>	<u>AGE</u>	<u>CURRENT SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS/GUARDIAN INFORMATION:

(To be placed in student file)

Father/Guardian

Full Name _____

Address (if different from child's) _____

Occupation _____

Employer _____

Business Address _____

Work Phone _____

Cell Phone _____

Main E-mail _____

Church Affiliation (if different from child's) _____

Church Address _____

Church Phone Number _____

Mother/Guardian

Full Name _____

Address (if different from child's) _____

Occupation _____

Employer _____

Business Address _____

Work Phone _____

Cell Phone _____

Main E-mail _____

Church Affiliation (if different from child's) _____

Church Address _____

Church Phone Number _____

Parents/Guardians are:

(Please check all that apply)

Single Married Separated Divorced Mother Remarried Father Remarried Mother Deceased Father Deceased

If parents are divorced or separated, to whom should admission correspondence be sent and their address? _____

I (We) understand that should our address, marital status and/or custody arrangements change, it is my (our) responsibility to notify the school and to have any necessary documents updated with NHCS in a timely manner.

_____ **Father/Guardian Initials**

_____ **Mother/Guardian Initials**

If your student is not living with both parents, answer the following questions.

A. Please explain the custodial arrangements and **attach a copy** of the most recent appropriate legal documents which clarify these custodial arrangements. _____

B. According to the most recent court order, who is allowed to make contact with the student at school or to pick the student up at school? _____

C. Please list who is authorized to receive mailings (newsletters, report cards, ect.). _____

Student Data Sheet

(To be placed in student file)

Male
 Female

(Child's Last Name)	(First Name)	(MI)
(Child's Primary Address)	(City)	(State)
		(Zip Code)

Child's Primary Address is with : Both Parents Father Mother Other _____

(Home Phone Number)	(Date of Birth)
(Father's Name)	(Employer)
(Mother's Name)	(Employer)
	Phone Number (Work/Cell)
	Phone Number (Work/Cell)

Persons to call in an emergency if parents can't be reached:

(Name)	(Relationship)	Phone Number (Work/Cell)
(Name)	(Relationship)	Phone Number (Work/Cell)

Siblings: (if more room is needed, please use the back of this sheet)

Name	Relationship	Age

Others living in the home: _____

(Physician)	(Address)	(Phone Number)
(Dentist)	(Address)	(Phone Number)
(Eye Doctor)	(Address)	(Phone Number)

<u>Disease</u>	<u>Date</u>	<u>Disease</u>	<u>Date</u>
Arthritis	_____	Influenza	_____
Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Scarlet Fever	_____
Ear infection	_____	Tonsillitis	_____
Fifth Disease	_____	Other	_____

Check any physical difficulty that may limit students progress:

- Allergies (list Allergy/Treatment Below)
- Birth Defects
- Epilepsy
- Heart Problems
- Repeated Headaches
- Dyslexia
- Other _____
- Surgeries (List/Date) _____

Please list any environmental or medication allergies and treatment for those allergies.

Does your child take medication regularly? If so, list the name and how often it is given.

Signature of parent and/or legal guardian

Date

QUESTIONNAIR:

(If you need extra space please write your answers on a separate sheet of paper.)

After becoming acquainted with the standards and principles of New Hope Christian School contained in the Handbook, answer the following to the best of your knowledge:

How did you find out about New Hope Christian School? If you were referred, please include name of individual who referred you.

We desire to enroll in New Hope Christian School because:

Are there areas (academic, social, emotional, physical, citizenship, spiritual) where you feel that your student may need special assistance in adjusting to his/her new school situation? If "YES" please explain. Yes No

Does the school have any standards/policies that you cannot support? Are there any standards/policies that your child does not willingly accept? If "YES" please explain. Yes No

Do you have other K – 8th grade children who you do not expect to send to New Hope Christian School?

If "YES", please explain. Yes No

Is all or part of your reason for not sending the above child to New Hope Christian School because of some existing problem(s)? If "YES", please explain. Yes No

If it were not for a problem or problems, would you send your child to New Hope Christian School?

If "YES", please explain. Yes No

Can the school count on you to support its position in a matters pertaining to the cooperation expected of your child? Yes No

Handbook Read/Review and Agreement:

(Check boxes for agreement, yearly)(One per family)

Not checking any of these boxes will not necessarily lead to a denial in enrollment. It may however lead to additional questions through an interview or written explanation to understand the specifics of where we disagree and why.

By checking this box I have read and agree to the NCHS Statement of Faith and willing to have my child taught in accordance with it.

By checking this box I have read and agree to the Dress Code policy.

By checking this box I have read and agree to the Student Behavioral and Discipline policy.

By checking this box I have read and agree to the Technology Usage policy.

Yes No By checking the "YES" box I have read and agree to the usage of my child(rens) photos as covered in the Photo/News/Advertisement Release section.

By checking this box I am exempting one or more of my children from the above agreement.

Name of child(ren): _____

By checking this box I have read and agree to take care of any and all keys that are issued/ given to me by the school and that upon my departure from the school will immediately return all issued/ given keys. I also agree to incur and pay any fees issued to me as described in the Key Control portion of the Fire/Tornado/Security Plan section.

By checking this box I am giving permission to the teachers to administer any prescription medication provided by me in its original container/ package and administered in accordance with the doctor or prescription label.

By checking this box I am exempting one or more of my children from the above agreement.

Name of child(ren): _____

By checking this box I have received the Handbook, read it, and agree to abide by it.

By checking this box I agree that while my child attends New Hope Christian School, I will work with my student to help him/her to conform to the rules and regulations of the school and to conduct himself/herself as befits a student of a Christian school.

Signature of parent and/or legal guardian

Date

Signature of parent and/or legal guardian

Date

Admissions Procedures: (Checklist)

Admission Requirements and Procedures

- Completion of Application
- Copy of Birth Certificate
- Copy of previous school's transcripts (if applicable)
- Payment of all Fees and Tuition
- All Agreement Forms Signed
- Registration Due by the **First Sunday in June**

Student Health Record

- Immunization Record (copy)
 - **Immunizations:** Students must show proof of immunization. A student who does not comply with the immunization requirements will not be permitted to continue in school.
 - **Students with medical conditions or sincerely held religious beliefs which do not allow immunizations must complete a waiver statement or affidavit.**
- Dental
- Eye Screening
- Kindergarten Physical
- Junior high physical
- Allergies
- Medical Consent Form

Registration Deadlines

- Registration for enrollment and book fees are due the **First Sunday in June**.
- The first payment of tuition due **August 1st**

Forms

New Student Registration Form	– separate form signed once
➤ Statement of Faith	– check box on registration form
➤ Key Use	– check box on registration form
➤ Dress Code	– check box on registration form
➤ Student/Parent /Guardian Behavioral	– check box on registration form
➤ Technology Use	– check box on registration form
➤ Photo/News Release	– check box on registration form
➤ Handbook Received & Agreement	– check box on registration form
Tuition Payment	– separate form signed yearly
Scholarship	– separate form signed yearly
Immunization Waivers	– separate form signed once with waiver on file
Medical Consent	– separate form signed once and on file
Documentation of Varicella (Chickenpox) Disease	– separate form signed once and on file