

NEW LIFE CHRISTIAN ACADEMY

2009 ADMISSION APPLICATION
2605 SOUTHEAST BLVD. CLINTON, NC 28328
910-592-3700 INFO@NLCANC.ORG

First Name _____ Middle Name _____ Last Name _____

Gender M _____ F _____ Date of Birth ____/____/____ Student's Social Security#
____-____-____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Grade applying for? _____ Child Lives With _____

Birth Father's Name _____ Living _____ Deceased _____

Occupation _____ Employer _____

Business Phone _____ Cell Phone _____

Email Address _____ Attend Church Regularly? Y / N Name of Church _____

Birth Mother's Name _____ Living _____

Deceased _____

Occupation _____ Employer _____

Business Phone _____ Cell _____

Phone _____

Email Address _____ Attend Church Regularly? Y / N Name of Church _____

IF REMARRIED, Fill Out Appropriate Sections Below

Step Father's Name _____

Occupation _____ Employer _____

Business Phone _____ Cell Phone _____

Email Address _____ Attend Church Regularly? Y / N Name of Church _____

Step Mother's Name _____

Occupation _____ Employer _____

Business Phone _____ Cell Phone _____

Email Address _____ Attend Church Regularly? Y / N Name of Church _____

NLCA Emergency Contact / Medical Consent Form

(This form will be copied and distributed to all NLCA staff who supervise your child – Please fill in ALL blanks)

Child's Name _____ Grade _____ Home
phone _____

Mother/Guardian's Name _____ Home phone _____

Address (if different from child's) _____

Phone Numbers: Cellular _____ Work _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____

Phone Numbers: Cellular _____ Work _____

What is the **best number** to reach a parent in the event of an emergency? _____

In the event of *minor* illness, who should the school contact _____ Phone number _____

Please list in order of contact preference whom should be called when your child is ill. Please include yourself and a daytime number where you can be reached.

Contact #1 _____ Phone _____
name/relationship

Contact #2 _____ Phone _____
name/relationship

Contact #3 _____ Phone _____
name/relationship

Please list the names and phone numbers of people who may pick up and drop off your child:

_____ name/phone _____ name/ phone

_____ name/phone _____ name/ phone

_____ name/phone _____ name/ phone

Medical Information:

Child's Physician _____ Physician's Phone _____

Please list any food, environment or drug allergies:

List medications taken on a regular basis: _____

Are there physical conditions that limit your child's participation in regular school activities? Y / N

If so, please explain _____ List anything else that we should know about: _____

We certify that we have legal authority to consent to medical treatment for the above named student. We authorize school staff to communicate verbally or in writing with health care providers as allowed by HIPAA. We authorize New Life Christian Academy and its officers to obtain medical assistance in an injury which may be serious, including transporting our child by ambulance to a medial facility if necessary. We understand that effort will be made to contact us before medical attention is sought.

Parent/Guardian Signature

Parent/Guardian Signature

PLEASE READ CAREFULLY

New Life Christian Academy seeks students whose families support the school’s mission of leading students to love God and nurturing them in a Christ-centered academic environment. NLCA admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities. Each applicant will be prayerfully considered. The following are criteria which must be met in order for consideration to be made:

- An interview with the administrator, the parents and the potential student.
- An entrance exam must be taken and evaluated by the administrators for students entering 1st grade and above.
- School records including previous test scores and students attendance record.
- The behavioral record of the applicant.
- Vaccination record, Birth Certificate, Social Security card and a Health assessment form (health assessments are for K-5).
- All required paper work completed and turned in with all monies due.

We understand that our child is not admitted to New Life Christian Academy until (a) this form is completed and all its requirements have been met, (b) other required forms and steps have been completed, and (c) written or verbal acknowledgement of admission is received from the Administrator or Admissions Office. We also understand that giving false or misleading information may provide grounds for revoking admission.

We further understand that the Annual Registration Fee required with this application is not refundable for any reason other than our child is not accepted. The Test Point Fee is not refundable for any reason.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Incomplete or unsigned applications will not be considered

For Office Use Only: Annual Registration Fee: _____ Date Paid: _____
Test Point Admissions Test Required: Y / N Fee: _____ Date Paid: _____

Test Score: L _____ R _____ M _____ Decision Made: P / F
Accepted for Grade: _____ Date of Entrance: _____ Administrators Initials: _____

