

NEW LIFE CHRISTIAN ACADEMY
APPLICATION FOR RE-ADMISSION

First Name _____ Middle Initial _____ Last Name _____

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

Home Address _____ City _____

State _____ Zip code _____ Phone # _____

Father's Name _____

Occupation _____

Email Address _____

Mother's Name _____

Occupation _____

Email Address _____

Student Lives with _____

Attends Church at _____

Please note any major changes regarding student's living situations, health, or other major concerns below:

Fees due at time of application:

_____ Application Fee of \$100 (per family)

_____ Book Fee

_____ NCCSA Fee

_____ Technology Fee

_____ Standard Achievement Test Fee

Parent/Guardian Signature: _____ Date _____