

# NCCS STUDENT APPLICATION 2017-18

I wish to submit an application for my child(ren) to attend NCCS for the upcoming school year. I understand that the application fee of \$25 is non-refundable. I also understand that, if my child(ren) is/are accepted into NCCS, I am responsible to pay the annual tuition via the FACTS monthly payment plan or pay in full by June 15, 2017.

OFFICE USE ONLY	OFFICE USE ONLY
	Date Received _____
	Application Fee Paid \$ _____
	Cash _____ or Check # _____
	Report Cards _____ Std Test _____
	Admin Form _____ Pastor Form _____
	Interview Date _____
Registration Due _____	

## STUDENT INFORMATION

	2017-18			
Name	Grade Entering	Date of Birth	Social Security No.	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

With whom does the child live?  Both parents  Dad  Mom  Other \_\_\_\_\_

## PARENT INFORMATION Please check preferred contact phone number

Dad's Name _____	Employer _____
Address (if different) _____	<input type="checkbox"/> Work Phone _____
_____	<input type="checkbox"/> Home Phone _____
Email _____	<input type="checkbox"/> Cell Phone _____
Mom's Name _____	Employer _____
Address (if different) _____	<input type="checkbox"/> Work Phone _____
_____	<input type="checkbox"/> Home Phone _____
Email _____	<input type="checkbox"/> Cell Phone _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	
Are there custody/parental issues of which the school should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain _____	

If parents live separately, should both parents receive mailings of student report cards, etc.?  Yes  No

Other Parent or Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different) \_\_\_\_\_  Work Phone \_\_\_\_\_

\_\_\_\_\_  Home Phone \_\_\_\_\_

Email \_\_\_\_\_  Cell Phone \_\_\_\_\_

## CHURCH MEMBERSHIP

At NCCS, we believe that a child is most successful in learning when there is a partnership between the home, church and school. For this reason, we ask that all families regularly attend and participate in a local church. **Please include the name of the pastor with the closest relationship to your family who can verify your church involvement.**

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

## PHILOSOPHY: STATEMENT OF FAITH

My initials below indicate that I agree with my student being educated according to 1) the philosophy of Classical Christian Education in general, 2) the philosophy and vision of NCCS in particular, and 3) the NCCS Statement of Faith. Please explain any points in the Statement of Faith which are inconsistent with your convictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's initials: \_\_\_\_\_ Date: \_\_\_\_\_ Mother's initials: \_\_\_\_\_ Date: \_\_\_\_\_

What is your family's denominational preference? \_\_\_\_\_

Do/does your student(s) attend adult church services? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Do/does your student(s) regularly attend children's church or Sunday school? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Is either parent opposed to Christian education? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**COMMITMENT TO BIBLICAL LIFESTYLE.** New Covenant Christian School's role is to work with the home to mold students to be Christ-like. On occasion the atmosphere or conduct within a particular home may be counter to or in opposition to a Biblical lifestyle. This includes, but is not necessarily limited to sexual immorality, homosexuality, substance abuse or ungodly forms of entertainment. In such cases, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student. This is in accord with:

- Biblical Precept (Matthew 18:1-10; Romans 1:24-32; 1 Corinthians 6:9-20; Ephesians 5:1-12)
- New Covenant Christian School's Parent and Student Covenants
- The moral standards expected from Faculty and Staff

Father's initials: \_\_\_\_\_ Date: \_\_\_\_\_ Mother's initials: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY INFORMATION.** Please check any of the following circumstances that have existed in your student's/s' life or living situation in the past three years:

<input type="checkbox"/> Changes of school	<input type="checkbox"/> Separation from significant non-family member	<input type="checkbox"/> Frequent moves
<input type="checkbox"/> Job changes	<input type="checkbox"/> Physical illness in the family	<input type="checkbox"/> Mental illness in the family
<input type="checkbox"/> Death in the family	<input type="checkbox"/> Alcoholism or substance abuse in the family	<input type="checkbox"/> Separation/divorce of parents
<input type="checkbox"/> Physical or sexual abuse	<input type="checkbox"/> Prolonged hospitalization of family member	<input type="checkbox"/> Remarriage of parent
<input type="checkbox"/> Separation from family	<input type="checkbox"/> Other (please specify): _____	

### SURVEY FOR STUDENTS ENTERINGS K4 OR K ONLY

Check all that apply in the affirmative:

- Does your child follow verbal instructions?
- Can your child put on their own coat?
- Can your child go to the bathroom by themselves?
- Can your child recite part, or all, of the alphabet?
- Can your child hold a pencil?
- Can your child cut with scissors?
- Does your child show an interest in books? Do they try to "read" a book by telling a story based on the pictures?
- Is your child curious and receptive to learning new things?
- Does your child get along well with other kids?
- Do they share and know how to take turns?

### SURVEY FOR STUDENTS ENTERINGS 1<sup>ST</sup> THROUGH 11<sup>TH</sup> GRADES

Has your student (check all that apply):

- received special honors or awards for academic achievements?
- been recommended for advanced placement or gifted programs?
- received special academic help or tutoring?
- had teachers express concern over academic, social, behavioral or developmental tendencies?
- undergone professional treatment for ADD, ADHD, hyperactivity or any type of mental or emotional distress?
- been declared eligible for special services in a public school?
- had a formal individualized educational plan (IEP)?
- been diagnosed with a learning disability, cognitive delay, vision or hearing impairment, or physical limitations?
- repeated a grade?
- been suspended or expelled from school?

Please elaborate on any checked items above:  
\_\_\_\_\_  
\_\_\_\_\_

**New Covenant Christian School does not discriminate against applicants or students on the basis of race, color, and national or ethnic origin.**