

New Covenant Christian School



Mailing Address
PO Box 80737
Lansing, Michigan 48908
www.nccswarriors.org

Site Address
4415 W. St. Joseph Hwy.
Lansing, MI 48917
Phone: (517) 323-8903 • Fax: (517) 323-0421

WARRIORS

Building a Rock Solid Foundation

STUDENT APPLICATION

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

Today's Date: _____

Student's Name: _____

Applying for Grade: _____ School Year: _____

Male: _____ Female: _____ Date of Birth: _____

Home Address: _____

City/State/Zip: _____

With whom does your student live? Both Parents: _____ Father: _____

School Now Attending: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell: _____

Email: _____

Mother: _____ Other (specify): _____

Current Grade: _____

School Phone: _____

School Administrator: _____

FAMILY INFORMATION

Father's Name: _____

Occupation: _____

Employer: _____

Name of Church Father Attends: _____

Mother's Name: _____

Occupation: _____

Employer: _____

Name of Church Mother Attends: _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Work Phone: _____

Cell: _____

Fax: _____

Pastor: _____

Work Phone: _____

Cell: _____

Fax: _____

Pastor: _____

Why are you considering having your child attend New Covenant Christian School? _____

I wish to submit an application for my child to attend NCCS for the upcoming school year. I understand that the application fee of \$25 is non-refundable. I understand that full tuition payment or FACTS payment plan is due upon acceptance to NCCS.

Father's or Guardian's Signature

Mother's or Guardian's Signature

This application is complete with the receipt of:

1. Non-refundable application fee of \$25 per student payable to New Covenant Christian School
2. Pastor Recommendation form
3. School Administrator Recommendation form from most recent school attended
4. Report card copies: previous school year and this year's report cards to date
5. Most recent standardized test scores (if none are available, additional testing and a nominal fee may be required for applicants in grades 1-11)

Applicants will be tested, and the applicant and both parents will be interviewed before acceptance is granted.

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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? _____

Does your student attend adult church services? _____ If yes, how often? _____

Does your student regularly attend children's church or Sunday school? _____ If yes, how often? _____

ANTIBIBLICAL LIFESTYLE POLICY

New Covenant Christian School's Biblical 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 the Biblical lifestyle the school teaches. This includes, but is not necessarily limited to sexual immorality, homosexuality, drug abuse or inability to support the moral principles of the school. 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: _____

STATEMENT OF COOPERATION AND CONSENT

I consent for my student to take part in New Covenant Christian School activities, including field trips, sports activities and school sponsored trips away from the school premises. I agree to have my student follow the dress code of New Covenant Christian School. Should legal action, for any reason be taken against New Covenant Christian School or any employee or agent thereof, on my student's behalf, and the school or its agent not be found in guilt, I agree to pay any attorney fees, court fees, damages and other costs that New Covenant Christian School or its agents should incur to defend itself against such action.

Father's initials: _____ Date: _____ Mother's initials: _____ Date: _____

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

EDUCATIONAL EXPERIENCES

Although it is our desire to help every student have a positive and successful learning experience, New Covenant Christian School is not staffed to handle students with special needs. For both your student's and the school's best interests, please be honest when answering the following questions.

Did your student attend day care? _____ If yes, beginning at what age? _____ Where? _____

Was your student in day care full-time (40+ hours/week) or part-time (less than 40 hours/week)? _____

Did your student attend preschool? _____ If yes, where? _____

At what age did your student begin preschool? _____ Where did you hear about NCCS? _____

What do you see as your student's academic strengths? _____

What do you see as your student's academic weaknesses? _____

Does your student seem to enjoy school? _____

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What are your student's complaints about school? _____

Has your student (check all that apply):

- _____ received special honors or awards for academic achievements?
- _____ been recommended for advanced placement or gifted programs?
- _____ experienced any 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?
- _____ been subject to an individualized educational plan (IEP)?
- _____ been diagnosed with any learning disability?
- _____ repeated a grade?
- _____ been suspended or expelled from school?

Please explain any items checked: _____

(For grades K-6) From your personal observations or reports from teachers, please choose one of the choices in each line which best describes your student's classroom behavior. Please underline or highlight your choice:

Comfortable sitting at a desk to work	OR	Stands at desk/walks around
Waits to be called on	OR	Speaks out when he/she knows answer
Waits in line patiently	OR	Impatient/fidgety when waiting in line
Does better with one-on-one instruction	OR	Prefers group activities
Listens intently to story or reading time	OR	Does not like listening to story or reading time
Likes order and direction	OR	Prefers to "do his/her own thing"

MEDICAL INFORMATION

List any medications your student regularly takes: _____

Does your student have ongoing health problems? _____ If yes, please explain: _____

GENERAL INFORMATION

How would you describe your student's personality? Please check all that apply:

- | | | | |
|------------------|--------------------|----------------------------|----------------------|
| _____ Active | _____ Ambitious | _____ Self-confident | _____ Aggressive |
| _____ Persistent | _____ Hard-working | _____ Nervous | _____ Melancholic |
| _____ Impatient | _____ Impulsive | _____ Quick-tempered | _____ Easy-going |
| _____ Excitable | _____ Imaginative | _____ Unique | _____ Self-conscious |
| _____ Witty | _____ Calm | _____ Easily discouraged | _____ Passive |
| _____ Serious | _____ Good-natured | _____ Unemotional | _____ Outgoing |
| _____ Shy | _____ Submissive | _____ Absent-minded | _____ Leader |
| _____ Methodical | _____ Timid | _____ Lazy | _____ Sociable |
| _____ Dependable | _____ Reliable | _____ Cheerful | _____ Retiring |
| _____ Sarcastic | _____ Jittery | _____ Obsessive/Compulsive | _____ Likeable |

What are your student's hobbies and main interests? _____

What are your student's areas of greatest accomplishment? _____

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How would you describe your student's interaction with other children his/her own age? _____

How would you describe your student's interaction with adults? _____

What types of discipline have you used with your student? _____

What form of discipline is most effective with your student? _____

How does your student usually respond to discipline? _____

Please check any of the following causes of stress that have occurred in your student's current or former home environment 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"/> Mental illness in the family |
| <input type="checkbox"/> Job changes | <input type="checkbox"/> Physical 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"/> Prolonged hospitalization of family member |
| <input type="checkbox"/> Remarriage of parent | <input type="checkbox"/> Physical or sexual abuse |
| <input type="checkbox"/> Separation from family | <input type="checkbox"/> Other (please specify): _____ |

CARPOOLING INFORMATION (optional)

I authorize New Covenant Christian School to release my name, address, email and home phone to others in my geographic area for the purpose of forming carpools.

Two major intersections near your home: _____

Father's initials: _____ Date: _____ Mother's initials: _____ Date: _____

GRANDPARENT'S INFORMATION (for newsletters, etc.)

Father's Parents

Names: _____
Address: _____
City/State/Zip: _____
May we add to mailing list? Yes/No

Mother's Parents

Names: _____
Address: _____
City/State/Zip: _____
May we add to mailing list? Yes/No

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