

STUDENT APPLICATION FOR ENROLLMENT

NEW LIFE CHRISTIAN ACADEMY



2605 Southeast Blvd, Clinton, North Carolina 28328
(910)-592-3700 office.nlcanc@gmail.com nlcacanton.com

Enrollment Date: ___/___/___ Enrollment Fee Amount Paid: _____
Payment Method: Cash Credit Check # _____

Family Information

Father/Male Guardian _____ Employer _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Mother/Female Guardian _____ Employer _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address is the same as father's/male guardian's.

Address _____ City _____ State _____ Zip _____

Parents' Marital Status: Single Married Separated Divorced Widowed

Child lives with: Both Parents Mother Father Grandparents Guardian

Church _____ Pastor _____

Emergency Contact/Check Out

Children will be released only to the parents/guardians listed above and those listed below as emergency contacts. The child may also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the school has permission to contact the following individuals:

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
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Photo Permission

From time to time, we take pictures during school activities and special occasions. We would like your permission to use these pictures on our website or on our Facebook and Instagram pages. Pictures will be used by New Life Christian Academy to show the many ways our students are learning and growing.

Please let us know your preferences regarding our use of photos of your children:

- Yes, I grant permission to use photos of my children on New Life's website and/or social media.
- No, I do **NOT** grant permission to use any photos of my children.

Travel Authorization

- I give my permission to New Life Christian Academy for my children to participate in field trips and other activities which involve transportation in a van/automobile/bus.
- I understand that the facility will abide by all the safety rules in the handbook when my children are transported in a vehicle. The facility will also notify me each time that my children are to participate in an activity that would involve transportation and will require additional permission given for specific trips.

Statement of Acknowledgement

- I agree to read the NLCA Student Handbook and discuss its policies with my child. I certify that I consent to and support all governing policies of the school and will be supportive of the work of its administration and teachers.
- I acknowledge that I have received a copy of NLCA's enrollment information, that I understand its content, and that I agree to the guidelines contained therein.
- By registering at New Life Christian Academy, it is my intention that my child complete the school year.
- It is my understanding that registration fees are non-refundable and non-transferable.
- I agree to pay all collection fees, including necessary legal fees, involved in collecting delinquent accounts.
- I absolve the school from liability to me or to my child should an emergency requiring immediate medical attention arise and a parent/guardian cannot be reached. I hereby release New Life Baptist Church and Christian Academy from liability which might result from such emergency treatment.
- I agree to encourage my child in learning all phases of the curriculum.

If the children reside with both parents, both parents must sign.

Signature of Parent/Guardian _____ Date ___ / ___ / ___

Signature of Parent/Guardian _____ Date ___ / ___ / ___

Checklist for Enrollment

Returning Students:

- Submit the application for enrollment.
- Students in grades 4-12 should write a paragraph explaining why they would like to attend NLCA.
- Schedule a conference with school administrators.
- Two of your child's (children's) teachers (either current or from previous years) will complete a Teacher Recommendation form which will be reviewed as a part of the application process.
- After this process has been completed, we will contact your family with a decision concerning your child's application for the 2025-2026 school year.

STUDENT INFORMATION PROFILE

Last Name

First Name

Middle Name

Nickname

Date of Birth

Gender

Grade to Enter

Race

- White/Caucasian Black Native Hawaiian/Pacific Islander Native American/Alaskan Native
 Asian

Ethnicity Hispanic/Latino Not Hispanic/Latino

Educational Background

Has your child received any special services at a prior school? Yes No

If yes, please specify the type:

My child has an IEP. My child has a 504 plan. My child receives ESL services.

Other: _____

Please list all schools the applicant has attended (including homeschool).

| Name of school | Address | Grades Attended | Years Attended |
|----------------|---------|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Has the student had discipline problems at school? Yes No

If yes, please explain: _____

Has the student ever been suspended/expelled from school? Yes No

If yes, please explain: _____

Has the student ever been retained? Yes No If yes, what grade? _____

If yes, please indicate the reason. Academic Struggles Social Immaturity
 Excessive Absences Very Young for Grade

Medical Information

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes No

If yes, what is the reason for the plan? _____

Doctor _____ Phone _____

List any allergies or symptoms and type of response for allergic reactions. _____

List any health care needs or concerns, symptoms of, and type of response to these health care needs. _____

List any particular fears or unique behavior characteristics the child has. _____

List any types of medication taken for health care needs. _____

If medication is administered during the school day, it must be checked in at the office by the parent or guardian prior to use. Please complete the medication form provided by office personnel.

Share any other information that has a direct bearing on assuring safe medical treatment for your child. _____

I, as the parent/guardian, authorize New Life Christian Academy to obtain medical attention for my child in the event of an emergency.

Signature of Parent/Guardian _____ Date ___ / ___ / ___

Signature of Parent/Guardian _____ Date ___ / ___ / ___

The staff of New Life Christian Academy does agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instruction from the physician or the child's parent, guardian, or full-time custodian.

When completed, submit by email:

office.nlcanc@gmail.com

Or in person:

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Authorization for Release of Records

Student Information

First _____ Middle _____ Last _____

Date of Birth _____ Last Grade Completed: _____

Home Address _____

City _____ State _____ Zip _____

School Information

Current School _____

School Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

Date of Request ___ / ___ / ___

Request for School Records

The student listed above is being considered for enrollment at New Life Christian Academy. Please send current grades and transcripts, discipline records, and copies of any current IEPs or 504 plans. This is not a request to transfer the student. We will request additional records should we proceed with enrollment.

The student listed above is enrolling at New Life Christian Academy. Please withdraw the student from your school. We would appreciate your sending us the following information. If you have any questions, please contact our school office at (910) 592-3700 or office.nlcanc@gmail.com. Thank you in advance for your assistance with this matter.

1. Copies of report cards and/or transcripts for all grades and courses taken during the time that the student attended your school and for the current year through the most recent grading period.
2. Copies of the results of all aptitude, IQ, achievement, and other diagnostic testing taken during the years the student attended your school.
3. Copies of any plans or other records that would help us in understanding the student's educational needs.
4. Copies of the student's health record, immunization record, and birth certificate.

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Pastor Recommendation

To be completed by the pastor or a full-time pastoral staff member and mailed directly to New Life Christian Academy.

Name _____ Grade _____

1. How long have you known the family? _____
2. Are you currently their pastor or associate pastor? _____
3. Does the family attend your church regularly? _____
4. Do the parents have a personal relationship with Jesus Christ? _____
5. Do the parents want their children to know and walk with the lord? _____

6. Are their children obedient and respectful? _____
7. To your knowledge, does the student know Christ as their Savior? _____
8. What positive contribution would this student be likely to bring to NLCA? _____

9. In what areas do you feel we could possibly be most helpful to the child? _____

10. What are the first words that come to mind to describe this child? _____

11. On a scale of 1 being "not likely" and 10 being "strongly" how would you recommend this student? _____

Church Name _____

Signature _____ Date ___ / ___ / ___

Position _____ Phone _____

Please mail to:

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