

Neuse Christian Academy

7600 Falls of Neuse Rd., Raleigh, NC 27615
Phone: 919-844-6496

Student Application

Applying for Grade: _____ ESS: _____ I-20: _____ School Year: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____

Date of Birth: _____ Age: _____ () Male () Female

Student Social Security Number: _____ - _____ - _____ Race/Ethnicity: _____

Has the applicant ever repeated a grade? () Yes () No If yes, please explain: _____

Applicant's Grades Have Been: () Superior () Above Average () Average () Below Average

Are there any special factors, conditions, or other reasons that the applicant cannot participate fully during normal school activities, including any special medications, allergies, or anything affecting your child about which the school needs to be informed?

() Yes () No

School last attended: _____ Phone: _____

School's Address: _____

In applying for admission, I authorize other schools/daycares, counselors, or physicians to release and share with NCA information and records regarding my child's educational, developmental and behavioral progress.

FAMILY/GUARDIAN INFORMATION

Father's/Guardian's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____ Title: _____ Occupation: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Relationship: _____

Lives with student _____ Yes _____ No Marital Status: () Married () Separated () Divorced () Remarried () Widower

Receives mail _____ Yes _____ No Receives Bill _____ Yes _____ No

Mother's/Guardian's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____ Title: _____ Occupation: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Relationship: _____

Lives with student _____ Yes _____ No Marital Status: () Married () Separated () Divorced () Remarried () Widower

Receives mail _____ Yes _____ No Receives Bill _____ Yes _____ No

If parents are divorced, please indicate who has legal custody: _____

If one parent has sole primary custody, custodial legal documents are required by the school prior to enrollment.

MEDICAL INFORMATION

Emergency Care Information

Name of 1st Emergency Contact: _____ Phone: _____ Cell: _____
Contact's Relation to You: () Relative () Guardian () Friend () Other

Name of 2nd Emergency Contact: _____ Phone: _____ Cell: _____
Contact's Relation to You: () Relative () Guardian () Friend () Other

Applicant's Physician: _____ Office Phone Number: _____

Applicant's Dentist: _____ Office Phone Number: _____

Hospital Preference: _____

Upon signing this application, I agree that NCA may authorize a physician to provide emergency medical care in the event that neither the family physician nor I can be contacted immediately.

General Medical Information

Does the applicant have any physical, mental, or emotional problems? () Yes () No If yes, please explain: _____

Has the applicant been recommended for or undergone any developmental or educational testing to determine the existence of ADD, ADHD, or learning disabilities? () Yes () No If yes, please explain: _____

☐ My child takes prescription medication on a daily basis.

Medication: _____ Purpose: _____

CHURCH INFORMATION

Church: _____ Attendance: () Regular () Occasional () Seldom () Never

Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____ Has applicant ever made a profession of faith? () Yes () No

Father/Guardian: Christian () Yes () No

Mother/Guardian: Christian () Yes () No

MISCELLANEOUS INFORMATION

Does the applicant have any siblings? () Yes () No If yes, please list the other children:

Name: _____ Date of Birth: _____ Grade _____ School: _____

Name: _____ Date of Birth: _____ Grade _____ School: _____

Name: _____ Date of Birth: _____ Grade _____ School: _____

Name: _____ Date of Birth: _____ Grade _____ School: _____

☐ I acknowledge that the preceeding information is accurate and true.

☐ I give my permission for my child to take part in all school activities, including sports and school sponsored field trips away from the school premises.

☐ I understand that if my child is accepted as a student at Neuse Christian Academy he/she will be given instruction according to Biblical Christian principles as outlined in the school's Statement of Cooperation.

☐ Neuse Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.

☐ I understand that all immunization records and a copy of the student's birth certificate must be on file by the first day of school.

Signature of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date of Application: _____

ARTICLES OF FAITH

1. **We** believe the Bible to be the verbally inspired, only infallible, authoritative Word of God.
2. **We** believe that there is one God, eternally existent in the persons of the Father, the Son and the Holy Spirit.
3. **We** believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal, visible, pre-millennial return in power and glory.
4. **We** believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential by grace through faith. Repentance and faith are the only conditions of salvation.
5. **We** believe in the everlasting, conscious blessedness of the saved in a literal heaven, and the everlasting, conscious punishment of the lost in a literal hell.
6. **We** believe in the spiritual unity of believers in our Lord Jesus Christ.
7. **We** believe in the present ministry of the Holy Spirit, by whose indwelling, the Christian is able to live a godly life.

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him receive quality training in a good Christian atmosphere. In addition, I realize that attendance at Neuse Christian Academy is a privilege and not a right. Whenever my child or I refuse to cooperate with the spirit of the school or its rules, I realize that I will be asked to withdraw my child.

I give Neuse Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. Moreover, I absolve Neuse Christian Academy of any liability for my child because of any injury at school or during any school activity.

Should legal action, for any reason, be taken against Neuse Christian Academy or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Neuse Christian Academy or its agent should incur to defend itself against such action.

I also believe that discipline is necessary for the welfare of each student, as well as, for the entire school. I give permission for my child's teacher and/or agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

I understand that all fees are non-refundable. I have read the financial policies and agree to pay my tuition on time. I understand that the school cannot educate my child alone and, therefore, it is my desire to attend all parent functions and other events that would support the school in the education of my child.

I HAVE READ THE STATEMENT OF COOPERATION AND WILL ABIDE WITH THE POLICIES SET FORTH.

Father's/Guardian's Signature: _____

Date: _____

Mother's/Guardian's Signature: _____

Date: _____

STUDENT QUESTIONNAIRE

GRADES K-5

To be filled out by parents

Name: _____ Grade Entering: _____

Date of Birth: _____ Age: _____ Gender: _____

1. Does your child have any health problems? _____ If yes, please explain in detail.

2. Does he/she have normal or corrected vision? _____

3. Does he/she have normal hearing? _____

	Often	Sometimes	Never
4. Does your child show self-control?	_____	_____	_____
5. Is your child moody?	_____	_____	_____
6. Does your child obey when spoken to?	_____	_____	_____
7. Is your child overly aggressive?	_____	_____	_____
8. Does your child show interest in spiritual matters?	_____	_____	_____
9. Has your child had problems in school?	_____	_____	_____

If yes, please explain _____

10. Does your child prefer to play alone or with children who are younger or older, or the same age?

11. What type of spiritual training are you providing for your child? _____

12. Is your child a ward of the court? Has he/she ever been under the jurisdiction of the court? _____

13. Are you aware of any spiritual, physical, emotional, social, mental, or academic problem concerning your child? _____

Parent's/Guardian's signature: _____ Date: _____

Parent's/Guardian's signature: _____ Date: _____

STUDENT QUESTIONNAIRE

GRADES 6-8

The following questions are to be answered by the applying student in his or her own handwriting. If more space is needed, please use additional paper and submit with this questionnaire.

Name: _____ Grade Entering: _____
Date of Birth: _____ Age: _____ Gender: _____
Former school: _____
Address: _____

To the best of my knowledge I am (mark each answer that applies):

saved _____ unsaved _____ uncertain _____ walking closely with the Lord _____
am not as close to the Lord as I should be _____.

Participation in activities:

I attend Sunday school	regularly _____ occasionally _____ seldom _____
I attend worship services	regularly _____ occasionally _____ seldom _____
I attend prayer meeting	regularly _____ occasionally _____ seldom _____
I attend youth activities	regularly _____ occasionally _____ seldom _____

Personal life:

I read my Bible daily	yes _____ no _____
I pray daily	yes _____ no _____
I memorize scripture	yes _____ no _____
I witness to lost people	yes _____ no _____

What kind of relationship do you have with the following people:

Father	good _____ average _____ poor _____
Mother	good _____ average _____ poor _____
Brothers/Sisters	good _____ average _____ poor _____
Other family members	good _____ average _____ poor _____
How would you describe your family life?	good _____ average _____ poor _____

If you could go to school anywhere you wanted to, where would you go? _____

Have you ever been suspended or expelled from school? _____ Why? _____

Do you like sports? _____ What sports do you like best? _____

Do you have a hobby? _____ What is it? _____

How often do you read a book? _____ What is the name of a book you have read recently? _____

What type of music do you listen to? _____

Name two of your favorite musical groups: 1. _____ 2. _____

How much time do you spend watching TV? _____ hours a day.

Do you have a Facebook and/or Twitter account? ()Yes ()No If yes, how many hours a day do you spend online? _____

How often do you go to the movies? _____

Name the last three movies you have seen:

1. _____ 2. _____ 3. _____

Are most of your friends and associates Christians? _____ Are most of your friends your age? _____

Did you receive any help answering the above questions? _____
Please explain which ones and how much:

Have you ever used tobacco? _____ Drugs? _____ Alcoholic drinks? _____
If the answer to any of these is yes, please explain fully. _____

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the admissions committee ought to know about me.

Student Signature _____ Date _____

STUDENT QUESTIONNAIRE

GRADES 9 – 12

The following questions are to be answered by the applying student in his or her own handwriting. If more space is needed, please use additional paper and submit with this questionnaire.

Name: _____ Grade Entering: _____
Date of Birth: _____ Age: _____ Gender: _____
Former school: _____
Address: _____

To the best of my knowledge I am (mark each answer that applies):

saved _____ unsaved _____ uncertain _____ walking closely with the Lord _____
am not as close to the Lord as I should be _____.

Participation in activities:

I attend Sunday school	regularly _____ occasionally _____ seldom _____
I attend worship services	regularly _____ occasionally _____ seldom _____
I attend prayer meeting	regularly _____ occasionally _____ seldom _____
I attend youth activities	regularly _____ occasionally _____ seldom _____

Personal life:

I read my Bible daily	yes _____ no _____
I pray daily	yes _____ no _____
I memorize scripture	yes _____ no _____
I witness to lost people	yes _____ no _____

What kind of relationship do you have with the following people:

Father	good _____ average _____ poor _____
Mother	good _____ average _____ poor _____
Brothers/Sisters	good _____ average _____ poor _____
Other family members	good _____ average _____ poor _____
How would you describe your family life?	good _____ average _____ poor _____

If you could go to school anywhere you wanted to, where would you go? _____

Have you ever been suspended or expelled from school? _____ Why? _____

Do you plan to go to college? _____ What are your career plans? _____

Do you like sports? _____ What sports do you like best? _____

Do you have a hobby? _____ What is it? _____

How often do you read a book? _____ What is the name of a book you have read recently? _____

What type of music do you listen to? _____

Name two of your favorite musical groups: 1. _____ 2. _____

How much time do you spend watching TV? _____ hours a day.

Do you have a Facebook and/or Twitter account? () Yes () No If yes, how many hours a day do you spend online? _____

Do you have a job after school or weekends? _____ What is it? _____

How often do you go to the movies? _____

Name the last three movies you have seen:

1. _____ 2. _____ 3. _____

Are most of your friends and associates Christians? _____ Are most of your friends your age? _____

Did you receive any help answering the above questions? _____

Please explain which ones and how much:

Have you ever used tobacco? _____ Drugs? _____ Alcoholic drinks? _____

If the answer to any of these is yes, please explain fully.

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the admissions committee ought to know about me.

Signature _____ **Date** _____

PARENT/GUARDIAN QUESTIONNAIRE

1. How did you find out about NCA? _____

2. Has the student ever been suspended or asked to leave a school? _____

If yes, please explain. _____

3. Has your child committed a felony? _____

If yes, please explain. _____

4. Please describe any health concerns or food allergies that may impact your child at school.

5. Describe your child's strengths and weaknesses. _____

6. Please describe any responsibilities or activities that you or the applicant is involved in at your church. _____

7. Please describe the spiritual training that you provide for your child in your home. _____

Parent/Guardian Signature: _____ Date: _____

CHILDREN'S MEDICAL REPORT
(due by the first day of school)

Child's Name: _____ Age: _____ Date of Birth: _____

Father's/Guardian's Name: _____ Mother's/Guardian's Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

MEDICAL HISTORY

Complete any of the following that apply to your child:

Hospitalizations: _____ Operations: _____

Allergies: _____ Handicaps: _____

Prescription medications: (i.e. Ritalin) _____

Has your child ever taken medication for ADHD or ADD? _____

Is your child under a doctor's care _____ If so, for what reason? _____

Does your child have any physical or mental disabilities? () Yes () No If yes, please explain.

Does your child have any sensory or neurological disorders? () Yes () No If yes, please explain.

Please check if your child has a history of any of these:

Convulsions _____
Diabetes _____
Heart trouble _____

PHYSICAL EXAMINATION
(Must be completed and signed by examining physician)

Weight		Ext.		GU	
Height		Teeth		Tuberculin Test	
Heart		Neurological System		Type	
Chest		Skin		Results	
Throat		Head			
Neck		Eyes			
Abdomen		Ears			

Should activities be limited for this child? _____

Physician's Signature: _____ Date: _____

Enter the date of each immunization received.

VACCINE	#1	#2	#3	#4	#5
DTaP (diphtheria, tetanus and acellular pertussis) 5 doses					
Polio 4 doses					
Hib (Haemophilus influenzae) 3 – 4 doses					
Measles 2 doses					
Mumps 2 doses					
Rubella 1 dose					
Hepatitis B 3 doses					
Varicella 1 dose					

If the child is missing immunizations, please explain:_____

[illegible]

Physician's Signature:_____ **Date:**_____



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NeuseChristian.com

Confidential Student Evaluation

Name of student: _____

Grade to which applying: _____

To the Parent: Please complete the top section of this form and give it to your student's guidance counselor. By signing here, you give your permission for the following information to be released to Neuse Christian Academy. You understand that it will be treated confidentially and will not be released to you.

Signature of Parent: _____

To the Reference: The student named above is applying for admission to Neuse Christian Academy. We would appreciate your evaluation of this student. This information will be kept confidential and will assist the administration in determining if NCA is a suitable school for the applicant. Please mail or fax the completed form to the address below. Thank you for your assistance.

Please indicate your rating by numbers (1-5), 1= weak, 3= average, 5= outstanding

Academic Ability	_____	Spiritual Growth	_____
Motivation	_____	Conduct	_____
Maturity	_____	Parental Support	_____
Integrity	_____	Involvement in Activities	_____

Has this student ever been suspended or expelled from school? If so, please explain.

Do you have any knowledge of this student using foul language, illicit drugs, or alcohol? If so, Please explain.

Do you have any concerns regarding the success of this student? If so, please explain.

Additional Comments:

Financial Standing:

If the student is transferring from a private school, please indicate their current account status.

The students current account balance is: ____ current ____ 30 days past due ____ 60 days past due.

Signature of reference: _____ School: _____ Date: _____

Name (Printed): _____ Position: _____ Phone: _____