

New Life Christian School

1528 River Road
Hamilton, NY 13346
Phone: 315 824-2625
www.nlcsny.org

Application Checklist

We appreciate your interest in New Life Christian School. In order to be considered for enrollment in NLCS, the following items are required.

Step 1: Application

- Completed student application**
- Birth Certificate**
- Immunization Record**
- Physical Form**
- Copy of transcripts** (When Applicable)
- Parental Agreement**
- Student Contract**
- Bus Form**
- Send out Reference Forms** (If unable to have pastor's reference form filled out, please have two personal reference forms completed.)

Step 2: Interview

Once all of the application components are received, you will be contacted to set up an interview. During this process, we may schedule placement testing.

Step 3: Admissions

The administrative staff will prayerfully consider your child's application and communicate the decision to you promptly.

Please Note: Submission of application and/or payment of registration fees does not guarantee acceptance into NLCS.

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Official Use Only Date Received: _____ Letters of reference: <input type="checkbox"/> Pastor <input type="checkbox"/> Personal <input type="checkbox"/> Personal Health records: <input type="checkbox"/> Physical Form <input type="checkbox"/> Immunization <input type="checkbox"/> Birth cert. <input type="checkbox"/> Transcripts <input type="checkbox"/> Interview <input type="checkbox"/> IEP <input type="checkbox"/> Parental Agreement <input type="checkbox"/> Student Contract

STUDENT ENROLLMENT APPLICATION

Application Date: _____

Applying for Grade: _____

Applying for: Current School Year Next School Year

Student Name _____ Name Used _____
Last First Middle

Male Female Age _____ Date of Birth _____ Place of Birth _____

Current Address _____
Street City/State/Zip

School Attending or Last Attended _____

<p style="text-align: center;"><i>Father/Guardian</i></p> Name: _____ Relationship to Applicant: _____ Home Address (if different): _____ _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____	<p style="text-align: center;"><i>Mother/Guardian</i></p> Name: _____ Relationship to Applicant: _____ Home Address (if different): _____ _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____
<p style="text-align: center;"><i>Current Church Affiliation</i></p> Home Church: _____ Church Address: _____ _____ Pastor's name: _____	<p style="text-align: center;"><i>Current Church Affiliation</i></p> Home Church (if Different): _____ Church Address: _____ _____ Pastor's name: _____

Siblings	Age	Grade	Present School

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Academic Information

To be completed by the parent

Has your child ever failed or repeated a grade? _____ If yes, please explain: _____

Has your child ever skipped a grade? _____ If yes, please explain: _____

Has your child ever been suspended or expelled? _____ If yes, please explain: _____

What do you see as your role as a parent in your child's education? _____

What concerns do you have regarding your child's current progress (academic, behavioral, or physical health)? _____

Has your child ever been tested, diagnosed, or enrolled in any special education program? Examples are resource room, reading difficulty, learning disability, ADD etc. Please explain and give proper documentation. _____

What do you think are your child's interests? _____

What do you think are your child's strengths? _____

What expectations do you have of the education your child will receive at NLCS? _____

Describe the study habits and work ethic of your child.

- | | |
|---|---|
| <input type="checkbox"/> Completes all assignments on time | <input type="checkbox"/> Self-motivated |
| <input type="checkbox"/> Completes most assignments on time | <input type="checkbox"/> Requires some encouragement |
| <input type="checkbox"/> Has difficulty completing and turning assignments in on time | <input type="checkbox"/> Requires tutoring to understand material |

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Student Information Questionnaire

This form is only for students entering 6th-12 grade, and is to be answered by the applying student and returned with the application. Please use additional sheets if necessary.

Student name _____ Grade entering _____

Explain how do you feel about being enrolled in New Life Christian School? _____

Are you a Christian? Yes No If so, how and when did you become a Christian? _____

When you get together with your friends, what do you like to do? _____

Do you like to read books? Yes No How often do you read a book? _____

Name a book that you recently read and explain why you chose it. _____

Do you play sports? If yes, what are they? _____

What are your favorite 3 TV shows?

What are your favorite 3 musical artists or bands?

Have you ever had in school suspension, detention or expulsion from school? Yes No
If yes, please explain. _____

By signing below, you certify that you have honestly and completely answered the questions.

Student's Signature

Date

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How did you hear about New Life Christian School? _____

Has this student previously been enrolled at NLCS? Yes No If yes, when? _____

Why are you seeking enrollment for your child at this time? _____

Field Trip Permission

Name of student: _____

I hereby give permission for my son/daughter to go on any class trips during the school year. I understand that the trips will be under the supervision of a teacher and that I will be notified of all trips prior to their occurrence.

I hereby relieve New Life Christian School of all responsibility beyond that of normal supervision.

Parent's Signature

Date

Damaged Book Policy

Students are issued their textbooks for the use of one school year. These textbooks are to be cared for with proper respect. Each book is to be returned in the condition it was received.

Students are not permitted to:

- Write in books
- Use highlighters
- Write on cover
- Put stickers on books
- Rip off cover

If a book is returned damaged, a damaged book fee will be levied. If the book needs to be replaced due to misuse, the student will be responsible for the replacement value of the book.

My child and I have read and understand the Damaged Book Policy.

Parent's Signature

Student's Signature

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Permission for Release

Please list below all persons who may pick up your child/children and who may not pick up your child/children from school. Your child will only be released to persons listed by you. If there is ever a change in who may or may not pick up your children, it is your responsibility to notify the school office prior to the change. This includes a neighbor, carpooler, babysitter, or relative. This is for your child's protection. All persons taking children out of school are required to check in at the office.

The following people MAY pick up my child/children:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following people MAY NOT pick up my child/children:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Medical Authorization

Authorization must be given by parent and physician for medication to be taken during school hours. This includes **Tylenol, Pamprin, Ibuprofin, Cough Drops** ect.

Child's Name

Date

Physician's Name

Physician's Phone

I request that my child be assisted in taking the medication(s) described below at school by the authorized persons or permitted to medicate himself/herself as also authorized by me and my physician (see below).

Parent's Signature

Date

Home Phone

Emergency Phone

The following is to be completed by the child's physician

Diagnosis for which medication is given _____

Name of medication _____

Form _____ Dose _____

If the medication is to be given daily, at what time? _____

If the medication is to be given "when needed," describe criteria _____

How soon can it be repeated? _____

List side effects _____

Length of time treatment is recommended _____

Physician's Signature

Date

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Pastor's Reference Form

Applicant's Name _____

Parents Name _____

Dear Pastor,

The student listed above is seeking admission to New Life Christian School. The mission of our school is to work with parents to develop godly, academically prepared, responsible students who can articulate and live out a biblical worldview.

Please complete this reference form as it pertains to this family and return it to directly to New Life Christian School. Responses will be confidential. Thank you for your insight into this student and the family.

1. Christian Commitment

- Strong evidence of commitment
- Some evidence of commitment
- No evidence of commitment

3. Church Relationship

- Members in good standing
- Not members but committed
- Visitors

2. Church Attendance

- Regularly
- Occasionally
- Rarely

4. Have or do any of the family members hold leadership positions in the church? Please explain _____

5. Detail the applicant's involvement in church _____

6. Do you consider the applicant open to instruction? Please explain _____

7. Based on your knowledge of the student, would you recommend this student for admission to NLCS?

- Highly Recommend Recommend with Reservation Would not Recommend at this Time

8. How long have you known the applicant and their family? _____

9. Are you related to the applicant? Yes No If yes, please explain _____

Pastor's Signature _____

Date _____

Church _____

Phone _____

Church Address _____

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Personal Reference Form

Applicant's Name

Parents Name

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Please complete this reference form as it pertains to this family and return it to directly to New Life Christian School. Responses will be confidential. Thank you for your insight into this student and the family.

How long have you known this family? _____ How long have you know this student? _____

How do you know this family? _____

NLCS seeks to partner with parents as they raise their children. From your observations, has this family sought input from others? _____

1. Is this family open to input and suggestions when it comes to their child? _____

2. Is this student open to instruction and correction? _____

3. What do you think are this student's greatest strengths and abilities? _____

4. What areas do you think the student most needs to improve? _____

5. How does the student relate to authority? _____

6. Based on your knowledge of the student would you recommend this student for admission to NLCS?

Highly Recommend

Recommend with Reservation

Would not recommend at this time

Signature

Phone (If we need any clarification)

After completing this form, please return directly to New Life Christian School.