

New Life Christian School

1528 River Road, Hamilton, NY 13346

Phone: 315-824-2625

www.nlcsny.org

Grades 1-12 Application Checklist

Our goal is to admit students and families who share and support our educational and spiritual ideals and who bring commitment to excellence, interest in a variety of activities and a willingness to always try. In order to be considered for enrollment in New Life Christian School, the following items are required and will follow in this sequence.

Step 1: Application—Part 1

- Completed Student & Family Information Sheets**
- Signed Handbook Agreement**
- Academic Records such as report card, standardized test scores, 504 plan or IEP, if applicable**
- Teacher Recommendation Form**

Please Note: Submission of application and/or payment of registration fee does not guarantee acceptance into New Life Christian School.

Step 2: Admissions

After the above components are received, you will be contacted to inform you of the admission decision. At that time, we may schedule placement testing.

Step 3: Application—Part 2

Upon admission to New Life Christian School, complete and return the following information for Part 2.

- Copy of Birth Certificate**
- Permissions and Damaged Book Policy Form**
- Permission for Release and Emergency Contact Form**
- Continuous Enrollment Form**
- Health Appraisal Form**
- Medical Authorization Form**
- Immunization Record**
- Custody Agreement** (if applicable)
- Bus Form** (Sent to your school district of residence, if bus transportation is desired).

New Life Christian School admits students of any race, color, and national or ethnic origin.

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GRADES 1-12 STUDENT APPLICATION Part 1

Application Date: _____ Applying for which Grade: _____

Applying for: Current School Year Next School Year

Student Name _____ Name Used _____
Last First Middle

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

Current Address _____
Street City/State/Zip

School District of residence _____ Current School attending _____

How did you hear about New Life Christian School? _____

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

What characteristics of our school interest your family, and why do you think our school is a good match for you? _____

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

Parents of Applicant are: circle applicable one(s)

- Married
 Separated
 Divorced
 Mother remarried
 Father remarried
 Single Parent
 Mother deceased
 Father deceased

Siblings	Age	Grade	Current School

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Academic Information

To be completed by the parent

What are your child's interests? _____

What are your child's strengths? _____

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

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: _____

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

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

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

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 |

Authorization

We / I affirm that the information on this application is true to the best of our / my knowledge.

Father's Printed Name

Father's Signature

Date

Mother's Printed Name

Mother's Signature

Date

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Student Information Questionnaire

This form is only for students **entering 5th-12 grade**, and is to be answered by the **applying student** and returned with the application. Required for enrollment consideration. Please use additional sheets if necessary.

Student's name _____ Grade entering _____

In what ways are you excited or apprehensive about being enrolled in New Life Christian School?

Are you a Christian as explained in I John 1:9? Yes No If yes, please share how and when you gave your life to the Lord. _____

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 three TV shows?

What are your favorite three musical artists or bands?

What are your interests, hobbies and talents, both in and out of school? Please include any recent awards you may have received. _____

Have you ever had Lunch Detention, In School Suspension, After School Detention or Expulsion from school? Yes No If yes, please explain. _____

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

Student's Printed Name

Student's Signature

Date

Handbook Agreement for Parents and Students

Parents: Please read the following statements and sign below to indicate your agreement.

I hereby affirm that I have read the Student/Parent Handbook and discussed the policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student/Parent Handbook.

I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that this Handbook does not contractually bind New Life Christian School and is subject to change without notice by decision of New Life Christian's Board of Education. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Father's Printed Name

Father's Signature

Date

Mother's Printed Name

Mother's Signature

Date

Students in Grades 5th -12th: Please read the following statement carefully and sign below to indicate your agreement.

I hereby affirm that I have read the Student/Parent Handbook. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student/Parent Handbook.

I understand that admission to the school is a privilege, not a right, and that any behavior, which is not consistent with the school's standards could result in the loss of that privilege.

Student's Printed Name

Student's Signature

Date



TEACHER RECOMMENDATION FORM

This form is required for admission consideration at New Life Christian School.

I understand and agree that the information contained in the Teacher Recommendation Form is confidential and will be used only in the selection of candidates and will **not** become part of the candidate's permanent file. I also agree that this completed form will not be made available to candidates, parents, or anyone outside of the Admission's Committee, and I waive my right to read the confidential teacher recommendations and the school report for the student listed above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Student _____ Age _____ Current Grade _____

Parent/Guardian Instructions: Complete the child's personal information above. Read, sign and date the waiver in the box below. Attached is a New Life Christian School self-addressed and stamped envelope. Give this signed waiver with the envelope to your child's current teacher. The completed form should be MAILED or FAXED directly to New Life Christian School by your child's teacher.

Teacher Instructions: This recommendation will remain confidential and will **not** become part of the student's permanent record. When you have completed the form, please send it to New Life Christian School in the provided envelope or FAX it directly to the school office. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your time and effort!

1. Please rate the applicant on the following characteristics, as applicable.

S=Superior AA=Above Average A=Average BA=Below Average N=No Basis for Judgment

	S	AA	A	BA	N
Gets along with peers					
Respects others' rights and property					
Enters new activities enthusiastically					
Cooperates with classmates and teachers					
Is dependable					
Listens attentively					
Follows directions					
Accepts and follows through on suggestions for improvement					
Shows leadership qualities					
Takes part in class discussions					
Able to work independently					
Demonstrates self-confidence / positive self-image					
Exhibits self-control in the classroom					
Follows the rules					
Accepts responsibility for own actions and mistakes					
Uses time wisely					
Completes class work in reasonable amount of time					
Completes homework assignments					
Is enthusiastic about learning					
Shows organization and planning skills					
Understands concepts / materials					
Uses classroom materials responsibly					

2. What are this student's areas of strength?

3. In what areas does this student need to improve?

4. What are the first three words that come to mind to describe this student?

5. Additional remarks:

Would you be willing to discuss this applicant by telephone if we have further questions?

Yes No

Is there information about this student that would be better communicated by telephone?

Yes No

Name of Teacher completing this form (please print): _____

Teacher Signature: _____

Grades / Subjects Taught: _____

Your School: _____

Address: _____

School Phone Number: _____

E-mail Address: _____

Thank you for your time, honesty and insight!

Please return to:

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tslabaugh@nlcsny.org www.nlcsny.org