

STUDENT INFORMATION:

STUDENT'S NAME (LAST): _____ (FIRST) _____ (MIDDLE) _____

SEX: M / F DATE OF BIRTH: _____ BIRTHPLACE: _____ US CITIZEN : YES NO IF NO, COUNTRY _____

GRADE FOR WHICH STUDENT IS APPLYING: _____ SCHOOL YEAR: 20____ - 20____ SS# _____ - _____ - _____

LAST SCHOOL ATTENDED: _____ DATE OF ATTENDANCE: _____ - _____

SCHOOL ADDRESS: _____ SCHOOL PHONE: (_____) - _____

CITY: _____ STATE: _____ ZIP: _____

FAMILY INFORMATION:

PLEASE MARK IF APPLICABLE: SINGLE-PARENT HOME BIRTH PARENTS - SEPARATED OR DIVORCED
CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S) ONLY: (IF SO, COMPLETE BOX B AND/OR C, AS NEEDED)

MARK IF APPLICABLE: CHILD RESIDES WITH THIS PARENT

MARK IF APPLICABLE: CHILD RESIDES WITH THIS PARENT

FATHER'S NAME: _____

MOTHER'S NAME: _____

HOME ADDRESS: _____

HOME ADDRESS: _____
(IF DIFFERENT FROM THE LEFT)

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

HOME PHONE: (____) - _____

HOME PHONE: (____) - _____

CELL PHONE: (____) - _____

CELL PHONE: (____) - _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

Box B: Step Parent

Box C: Step Parent

Spouse's Name: _____

Spouse's Name: _____

NAMES OF ALL CHILDREN IN THE FAMILY (LIST FIRST & MIDDLE NAMES; LIST LAST NAME IF DIFFERENT)	SEX (M / F)	BIRTH DATE	GRADE LAST COMPLETED
1.			
2.			
3.			
4.			
5.			

FATHER'S EMPLOYER: _____

MOTHER'S EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S ADDRESS: _____

FATHER'S DAYTIME PHONE: (____) - _____

MOTHER'S DAYTIME PHONE: (____) - _____

CHURCH INFORMATION:

CHURCH FAMILY ATTENDS: _____ PASTOR: _____

ADDRESS: _____ CHURCH PHONE: (____) - _____

CITY: _____ STATE: _____ ZIP: _____

ATTENDANCE SINCE: _____

WHY DO YOU WANT YOUR CHILD(REN) TO ATTEND NEW LIFE CHRISTIAN SCHOOL? _____

MEDICAL INFORMATION:

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. THIS IS NOT A COMPREHENSIVE HEALTH SURVEY. THIS IS DESIGNED TO LET US KNOW GENERAL FACTS ABOUT YOUR CHILD’S HEALTH AND WELL BEING. A COMPREHENSIVE HEALTH SURVEY WILL BE SENT TO YOU PRIOR TO ENROLLMENT.

DOES YOUR CHILD HAVE ANY DISABILITIES, IMPAIRMENTS, OR INFECTIOUS DISEASES OF WHICH WE SHOULD BE AWARE? EXAMPLES INCLUDE BUT ARE NOT LIMITED TO HEARING AIDS, JUVENILE DIABETES, ADD OR ADHD, ASTHMA, CONFINEMENT TO A WHEEL CHAIR, MOTOR SKILLS LIMITATIONS, SEVERE SPEECH IMPEDIMENT, ETC. IF YES, LIST HERE, WITH ANY EXPLANATION YOU WISH TO PROVIDE:

YES [] No [] _____

FREDERICK COUNTY HEALTH DEPARTMENT REGULATIONS REQUIRE THAT COMPLETE IMMUNIZATION RECORDS BE IN OUR POSSESSION BEFORE A STUDENT CAN ATTEND CLASSES. HAS YOUR CHILD(REN) RECEIVED ALL REQUIRED CHILDHOOD IMMUNIZATIONS? IF NO, PLEASE EXPLAIN.

YES [] No [] _____

STUDENT QUESTIONNAIRE:

(TO BE COMPLETED BY 6TH – 12TH GRADE APPLICANTS ONLY. PLEASE ATTACH YOUR RESPONSES ON A SEPARATE SHEET OF PAPER AND ATTACH TO YOUR APPLICATION.)

1. HOW DOES A PERSON BECOME A CHRISTIAN?
2. WHAT DO YOU THINK ARE THE MOST IMPORTANT DIFFERENCES BETWEEN PRIVATE CHRISTIAN SCHOOLS AND PUBLIC SCHOOLS?
3. WHAT ABOUT YOUR CHURCH LIFE DO YOU ENJOY THE MOST? THE LEAST?
4. EXPLAIN WHY YOU WANT TO ATTEND NLCS.

APPLICATION PROCESS INFORMATION:

THE FOLLOWING INFORMATION MUST BE COMPLETED PRIOR TO BEING CONSIDERED FOR ENROLLMENT. PLEASE CHECK WITH THE MAIN OFFICE FOR THE DATE IN WHICH APPLICATIONS WILL BE ACCEPTED.

PART A: INFORMATION

- ◆ COMPLETED STUDENT APPLICATION
- ◆ \$75 NON-REFUNDABLE APPLICATION FEE
- ◆ COPY OF CURRENT REPORT CARD
- ◆ COPY OF AN ACADEMIC TRANSCRIPT
- ◆ COPY OF IMMUNIZATIONS RECORDS
- ◆ COPY OF BIRTH CERTIFICATE
- ◆ CURRENT STANDARDIZED TEST SCORE (IOWA, CALIFORNIA, STANFORD, ETC.)

OR

GESELL ASSESSMENT SERIES TEST (KINDERGARTEN ONLY)

(NOTE: NEW LIFE CHRISTIAN SCHOOL ADMINISTERS ALL GESELL TESTS. STANDARDIZED TESTS MUST HAVE BEEN TAKEN WITHIN THE LAST YEAR. IN ABSENCE OF A STANDARDIZED TEST, THE SCHOOL WILL ADMINISTER THE STANDFORD ACHIEVEMENT TEST. THE COST OF THE GESELL OR STANFORD TESTS IS \$40. THE TEST FEE IS NOT REFUNDABLE AFTER THE TEST HAS BEEN ADMINISTERED.)

- ◆ PASTORAL LETTER OF RECOMMENDATION

PART B: ADMISSIONS INTERVIEW

AFTER THE ABOVE INFORMATION IS GATHERED, AN INTERVIEW OF THE STUDENT AND PARENT(S) BY A 3-PERSON PANEL OF PARENTS, TEACHERS, AND/OR ADMINISTRATORS WILL BE CONDUCTED. THE RECOMMENDATION FOR ENROLLMENT IS THEN FORWARDED TO THE ADMINISTRATION FOR THE FINAL DECISION.