

New Life Christian Academy

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APPLICATION FOR ADMISSION

STUDENT'S NAME _____ M _____ F _____
LAST FIRST MIDDLE

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____

LAST OR CURRENT GRADE _____ REQUESTED GRADE _____ DATE CHILD WILL ENTER _____

T-SHIRT SIZE _____

FAMILY INFORMATION

FATHER'S NAME _____ DOB _____
LAST FIRST MIDDLE

MAILING ADDRESS _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

CELL PHONE _____ EMAIL ADDRESS _____

MOTHER'S NAME _____ DOB _____
LAST FIRST MIDDLE

MAILING ADDRESS _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

CELL PHONE _____ EMAIL ADDRESS _____

SINGLE _____ MARRIED _____ WIDOWED _____ DIVORCED _____

NAMES AND GRADES OF SCHOOL-AGE BROTHERS AND SISTERS _____

ARE YOU PLANNING ADMISSION OF ALL OF YOUR CHILDREN? _____ IF NOT, WHY? _____

CHURCH AFFILIATION _____

PASTOR'S NAME _____

REGULARLY ATTEND? **Y N**

PERSONAL AND ACADEMIC PROFILE OF APPLICANT

LIST CHRONOLOGICALLY ALL SCHOOLS THIS APPLICANT ATTENDED, INCLUDING NURSERY SCHOOL AND KINDERGARTEN.

IF THERE WAS ANY HOME SCHOOLING OR TUTORING STUDY, PLEASE DESCRIBE CURRICULUM AND GIVE DATES.

DATES GRADES NAME OF SCHOOL ADDRESS OF SCHOOL

SCHOLASTIC GRADES HAVE BEEN:

SUPERIOR _____ ABOVE AVERAGE _____ AVERAGE _____ BELOW AVERAGE _____

DOES YOUR STUDENT HAVE ANY LEARNING DISABILITIES OR SPECIAL EDUCATIONAL NEEDS? YES NO

IF YES, PLEASE EXPLAIN. _____

DOES YOUR STUDENT HAVE A PAST OR CURRENT IEP / 504 PLAN? YES NO

IF YES, PLEASE PROVIDE A COPY OF THE PAPERWORK WITH THE APPLICATION.

*****ALL IEP PLANS ARE REVIEWED BY RESOURCE ROOM TEACHER AND ADMINISTRATION TO BEST ASSESS NLCA ABILITY TO MEET THE NEEDS OF THE STUDENT. ******

HAS THE STUDENT EVER BEEN RETAINED? _____ IF YES, PLEASE EXPLAIN _____

HAS THE STUDENT EVER BEEN SUSPENDED? _____ IF YES, PLEASE EXPLAIN _____

HAS THE STUDENT EVER BEEN EXPELLED? _____ IF YES, PLEASE EXPLAIN _____

LIST ANY DISEASES/INJURIES THE STUDENT HAS HAD, WITH APPROXIMATE DATES _____

DESCRIBE ANY PHYSICAL DISABILITIES, HEART, VISION OR HEARING DIFFICULTY, SPEECH IMPEDIMENT, ASTHMA, ETC. (ON ANY SPECIFIC MEDICATION FOR CONDITION?) _____

HAS THE STUDENT HAD ANY EARLY HISTORY OF ILLNESS? _____

HAS THE STUDENT HAD CHICKEN POX? _____ APPROXIMATE DATE _____ SHOT DATE? _____

PARENTAL AGREEMENT

WE PLEDGE OUR COOPERATION WITH NEW LIFE CHRISTIAN ACADEMY IN ENCOURAGING OUR CHILD TO FOLLOW ITS CHRISTIAN TEACHERS. WE UPHOLD THE AUTHORITY OF THE TEACHERS, RECOGNIZING THEIR RIGHT TO USE DISCIPLINARY MEASURES (NOT CORPORAL) WHICH, IN CHRISTIAN LOVE, THEY DEEM NECESSARY.

WE UNDERSTAND THAT TUITION IS DUE AND PAYABLE EACH MONTH UNTIL THE ACCOUNT IS PAID IN FULL. WE PROMISE TO PAY OUR TUITION PROMPTLY AND CHEERFULLY. FAILURE TO COMPLY WITH OUR FINANCIAL OBLIGATIONS COULD RESULT IN SUBMISSION OF THIS NEW LIFE CHRISTIAN ACADEMY ACCOUNT TO A COLLECTION AGENCY, HOLDING US RESPONSIBLE TO THEIR FEES IN ADDITION TO OUR ACCOUNT’S OUTSTANDING BALANCE.

ALSO, WE UNDERSTAND THAT NEW LIFE CHRISTIAN ACADEMY RESERVES THE RIGHT TO WITHHOLD OUR CHILD(REN)’S RECORDS FOR NON-PAYMENT OF TUITION AND OTHER FEES. THIS APPLICATION IS TRUTHFUL TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT DISHONESTY ON THIS APPLICATION MAY RESULT IN IMMEDIATE EXPULSION OF OUR CHILD(REN).

FATHER _____ MOTHER _____
DATE _____ DATE _____
SS# _____ SS# _____

NEW LIFE CHRISTIAN ACADEMY DOES NOT DISCRIMINATE ON THE BASIS OF AGE, COLOR, NATIONAL OR ETHNIC ORIGINS IN THE ADMINISTRATION OF ITS EDUCATIONAL AND ADMISSIONS POLICIES, AND ALL OTHER ADMINISTERED PROGRAMS.
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(revised 2026)

STATEMENT OF FAITH

THE BASIS OF NEW LIFE CHRISTIAN ACADEMY SHALL BE THE WORD OF GOD AS INTERPRETED BY THE FOLLOWING STATEMENT OF FAITH:

1. WE BELIEVE THAT THERE IS ONE GOD, ETERNALLY EXISTENT IN THREE PERSONS; FATHER, SON AND HOLY SPIRIT. (Genesis 1:1, John 10:30, 37 & 38)
2. WE BELIEVE THE BIBLE TO BE THE VERBALLY INSPIRED AND THE INFALLIBLE, AUTHORITATIVE, INERRANT WORD OF GOD. (II Timothy 3:16, II Peter 1:21)
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 RETURN IN POWER AND GLORY (Isaiah 7:14, Matthew 1:23, LUKE 1:35, Hebrews 4:15, 7:25, John 2:11, Hebrews 9:12, Ephesians1:7, Colossians1:14, John 11:25, Acts 1:11, Revelation 19:11-16)
4. WE BELIEVE THAT MAN IS SINFUL BY NATURE AND THAT REPENTANCE, PERSONAL FAITH IN OUR LORD JESUS CHRIST, AND REGENERATION BY THE HOLY SPIRIT ARE ABSOLUTE NECESSITIES AND THE ONLY WAY FOR HIS SALVATION. (Romans 3:23, John 3:16-19, John 5:24, John 14:6, Ephesians 2:18-19, Acts 4:12, Acts 21:21, Titus 3:5-6, Luke 18:9-14, Luke 13:3)
5. WE BELIEVE IN THE CONTINUING MINISTRY OF THE HOLY SPIRIT, BY WHOSE INDWELLING THE CHRISTIAN IS ENABLED TO LIVE A GODLY LIFE. (Ephesians 5:18, Ephesians 4:30, 1 Corinthians 3:16, 19-20)
6. WE BELIEVE IN THE RESURRECTION OF BOTH THE SAVED AND THE LOST - THOSE WHO ARE SAVED UNTO ETERNAL LIFE, AND THOSE WHO ARE LOST UNTO ETERNAL DAMNATION. (John 5:28-29)
7. WE BELIEVE IN THE SPIRITUAL UNITY OF THE BELIEVERS IN OUR LORD JESUS CHRIST. (Romans 8:9, II Corinthians 12:12-13)
8. WE BELIEVE IN CREATION BY THE DIRECT ACT OF GOD. (Genesis 1:26-28, 5:1-2)
9. WE BELIEVE THAT GOD WONDERFULLY AND IMMUTABLY CREATES EACH PERSON AS MALE OR FEMALE. THESE TWO DISTINCT, COMPLEMENTARY GENDERS TOGETHER REFLECT THE IMAGE AND NATURE OF GOD. (Genesis 1:26-27)
10. WE BELIEVE IN AND FOLLOW THE BIBLICAL DEFINITION OF MARRIAGE, WHICH CAN OCCUR ONLY BETWEEN A MAN AND A WOMAN. (Genesis 1:27-28, 2:18, 20, 23-24; Matthew 19:4-6; Ephesians 5:23-32)

I HAVE READ AND AGREE WITH THE ABOVE STATEMENT OF FAITH SUBSCRIBED TO BY NEW LIFE CHRISTIAN ACADEMY.

FATHER _____ **MOTHER** _____

DATE _____ **DATE** _____