



New Castle Christian Academy

ADMISSIONS PROCEDURE

For High Fives!, Kindergarten and grades 1-8

1701 Albert Street
New Castle, PA 16105
724-658-5858
www.nccaed.org

1. **INFORMATION PACKET:** Before applying, read the handbook and other included information to determine whether New Castle Christian Academy offers the type of education you want for your child(ren).
2. **SUBMIT APPLICATION:** Complete necessary forms and submit them to the school office. These would include both the **Student Application** and the **Family Information Form**.
3. **ADMISSIONS INTERVIEW:** An admissions interview is scheduled with the principal. This is for the student's parents. Parents will tour the school and have opportunity to ask questions about the school. Students in grades Kindergarten through grade 8 may be eligible for financial assistance. Families applying for financial assistance must submit a scholarship application and a copy of the most recent Federal income tax form.
4. **SCREENING:** An evaluation is given to each applying student. Testing is scheduled individually with each family. An enrollment fee is due at the time of screening. Only upon the receipt of this fee will a seat be reserved for the prospective student.
5. **ACCEPTANCE:** The final decision is made by the principal after the admissions interview and student screening is completed. Families are notified by phone or mail of this decision. If a student is not accepted for enrollment, the enrollment fee will be refunded.
6. **FINANCIAL AID:** Eligible families (K through 8th grade) are notified of any awarded scholarship.
7. **COMPLETION OF NECESSARY FORMS:** The following completed forms must be returned to the school office prior to your child(ren) attending NCCA.
 - A. Affirmation of Faith (signed)
 - B. Tuition Payment Form
 - C. Financial Agreement
 - D. Medical History Form
 - E. Act 89 Form
 - F. Books and Materials Form
8. **TUITION PAYMENT:** Tuition must be paid in full one week before classes begin or parents must make monthly tuition payments through the FACTS tuition management program. Enrollment in the FACTS program must be completed before classes begin.



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STUDENT APPLICATION

1701 Albert Street
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Date of Application: _____

Student Name: _____ Male ___ Female ___ Date of Birth: _____
(Last) (First) (MI)

Applying for grade (check one box): High Fives! Kindergarten Grade _____ School Year _____ - _____

Home Address: _____
(Street) (City/Town) (State) (ZipCode)

Home Phone: _____

School District where child resides: _____

Church Student Attends: _____ Denomination: _____

Church Address: _____ Pastor: _____

List all the Previous Schools Attended:

NAME OF SCHOOL	COMPLETE ADDRESS	GRADES	SCHOOL YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about NCCA? Radio Newspaper Nursery School Flyer Church Flyer Advertising Sign
 Referred by _____ Other

Please attach a copy of Student's birth certificate with application.

(over)



HAS THIS CHILD EVER.....

- | | | | |
|--|-----------|----------|--------------------------|
| Been educationally classified for special needs? | Yes _____ | No _____ | |
| Been recommended for repeating a grade in school? | Yes _____ | No _____ | If yes what grade? _____ |
| Repeated a grade in school? | Yes _____ | No _____ | If yes what grade? _____ |
| Received any kind of special education assistance at school? | Yes _____ | No _____ | |
| Been tutored on school subjects? | Yes _____ | No _____ | |
| Attended summer school? | Yes _____ | No _____ | |
| Had a physical handicap, disability, or illness
requiring special attention or treatment? | Yes _____ | No _____ | |
| Had problems with his/her attitude or behavior in school? | Yes _____ | No _____ | |
| Exhibited aggressive behavior in school? | Yes _____ | No _____ | |
| Demonstrated a lack of respect for authority in school? | Yes _____ | No _____ | |
| Been suspended from school? | Yes _____ | No _____ | |
| Been expelled or dismissed from school? | Yes _____ | No _____ | |
| Been professionally counseled? | Yes _____ | No _____ | |
| Been home schooled? | Yes _____ | No _____ | |
| Skipped a year of school? | Yes _____ | No _____ | |

For all questions which were answered “yes”, give an explanation below. Attach additional pages for more space if needed. Attach copies of special test results or reports, if any, which bear on the child’s education or school performance.

ENROLLMENT CONTRACT: I wish to enroll my child in the New Castle Christian Academy for the current year. I understand the principles, guidelines, and financial policies of the school. I understand and will abide by all policies.

PARENT’S (GUARDIAN’S) SIGNATURE _____ **DATE** _____

Please return this form to:

New Castle Christian Academy
1701 Albert Street
New Castle, Pennsylvania
724-658-5858

What method of transportation will be used for your child?

	to school	from school
SCHOOL BUS	_____	_____
CAR	_____	_____
WALK	_____	_____



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FAMILY INFORMATION

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www.nccaed.org

Father: _____

Mother: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address _____

Email Address _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Marital Status: Married Widower Separated
 Divorced Remarried Single

Marital Status: Married Widow Separated
 Divorced Remarried Single

Does Child have a stepmother? Yes ___ No ___

Does Child have a stepfather? Yes ___ No ___

If yes, since what age? _____

If yes, since what age? _____

Is Child Adopted? Yes ___ No ___ **If yes, since what age?** _____ **Does child know?** Y / N

Church Affiliation:

Church Affiliation:

Name of Church: _____

Name of Church: _____

Denomination: _____

Denomination: _____

Address: _____

Address: _____

**Names of
all Children**

D-O-B

Grade

School

Names of all Children	D-O-B	Grade	School

Are you applying for the admission of all children of school age? _____

In order to offset some of the tuition costs, we encourage our parents to participate in our volunteer program. In what areas do you feel able or willing to help?

- | | | |
|---|---|---|
| <input type="checkbox"/> Lunchroom/recess supervision | <input type="checkbox"/> Teacher aide | <input type="checkbox"/> Grounds Keeping |
| <input type="checkbox"/> Hot Lunch Program (server) | <input type="checkbox"/> Field Trip Driver | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Parent/Teacher Organization | <input type="checkbox"/> Construction skills | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Sports program (coach, assistant) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Painting |

Please explain why you wish to enroll your child(ren) in New Castle Christian Academy.
